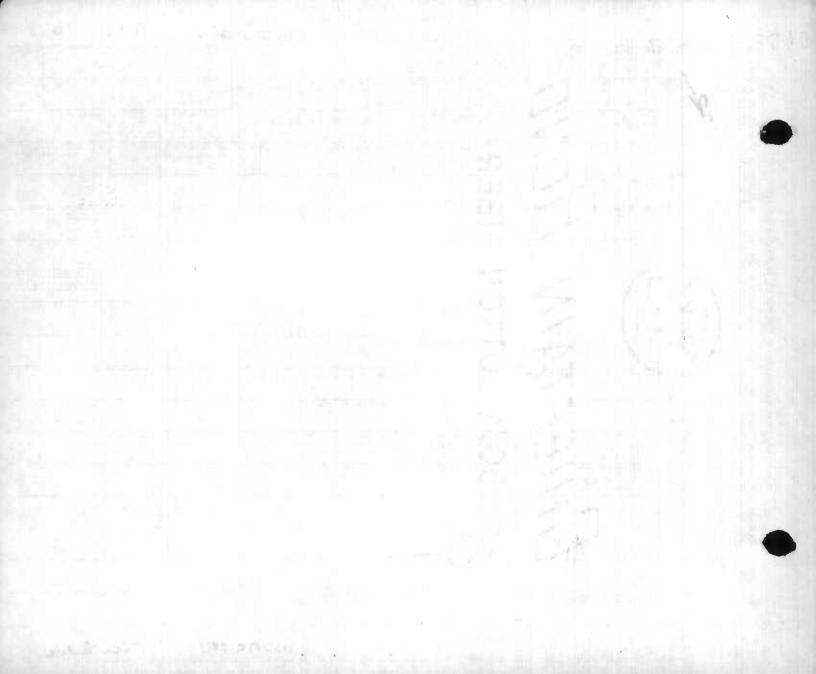
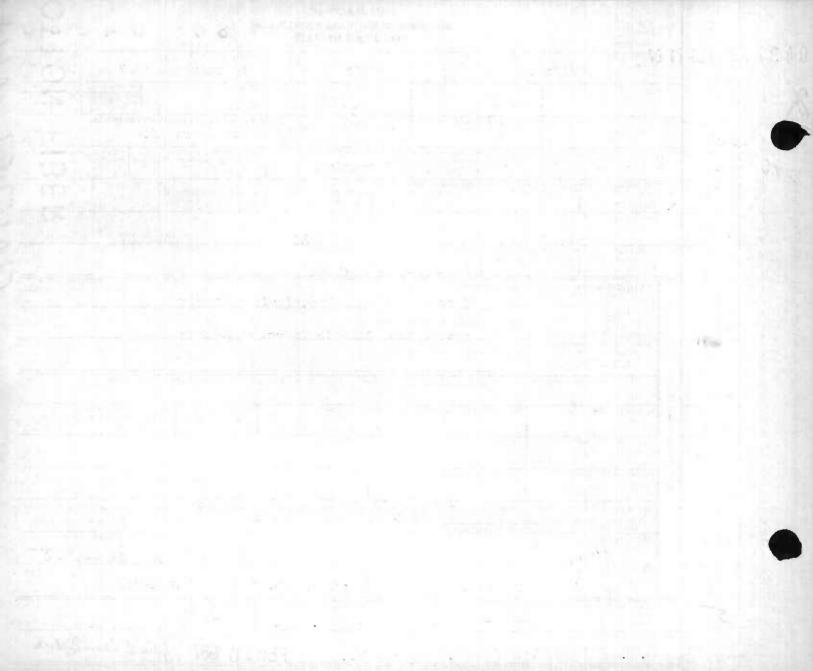
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BALTIMORE, MARYLAND 2120  stole be executed within 24 hours ystican and completely filled in by opers. Pages 1 and 2 should be fill wol.  it, the medical examiner must be	13a.	AL RESIDENCE (IF NURSING HOME OR OT STATE)		ADMISSION)  13d. INSIDE CITY LIMITS?  YES NO	130 STREET ADDRESS	ZIP CODE Rd.	21215
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LDECEASED NAME MIDDLE 28. DATE KNOWN XX MONTH DAY YEAR 26 HOUR (TYPE OR PRINT) OF ESTI-DELY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. IN PAGE S FOR YOUR FILES. THE FILED. WITHIN 72 HOURS. 201 W. PRESTON STREET, Palmer 2--27 19 87 India & AGE (IN YEARS IF UNDER TYR. 3 SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS. DATE 2d HOUR 9:56 YEAR LAST BIRTHDAY PRONOUNCED DEAD 19 87 08-08-1889 D. M Black Female 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED EOREIGN COUNTRY! DIVORCED Baltimore City, WIDOWED & North Carolina ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) 7 N. Gorman Street Baltimore RETAIN P HOULD BE RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 13a STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? YES V NO [ Baltimore 7 North Gorman Street Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 1.651 MIDDLE FIRST Miller Miller Ida Henry 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-18-9831 Irma Jackson 7 N. Gorman Street 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION USED AS AMER: Thus, I CATE, WRITING ...
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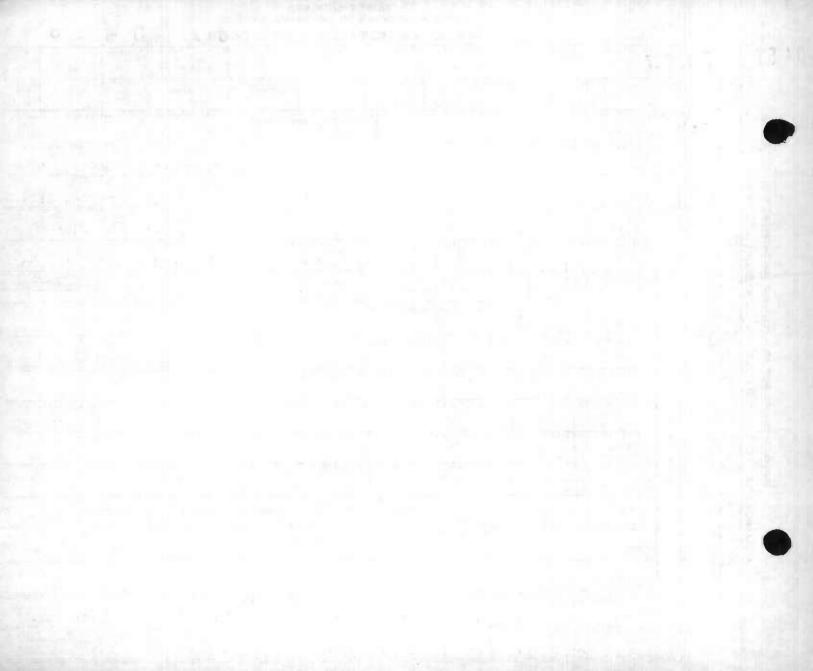


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DHMH - 16 60M	7/B#	24 FL	INERAL DIRECTOR	BLE SE			250		D. BY REGISTRAR	756. REGISTRAR'S SIGN	IATURE
(VRA 15. 4)			E.L. PHILLIP	S 172	L N.	MONROE	ST.	FFR1	0 1987	Julia Davidson	V. Kurdenie



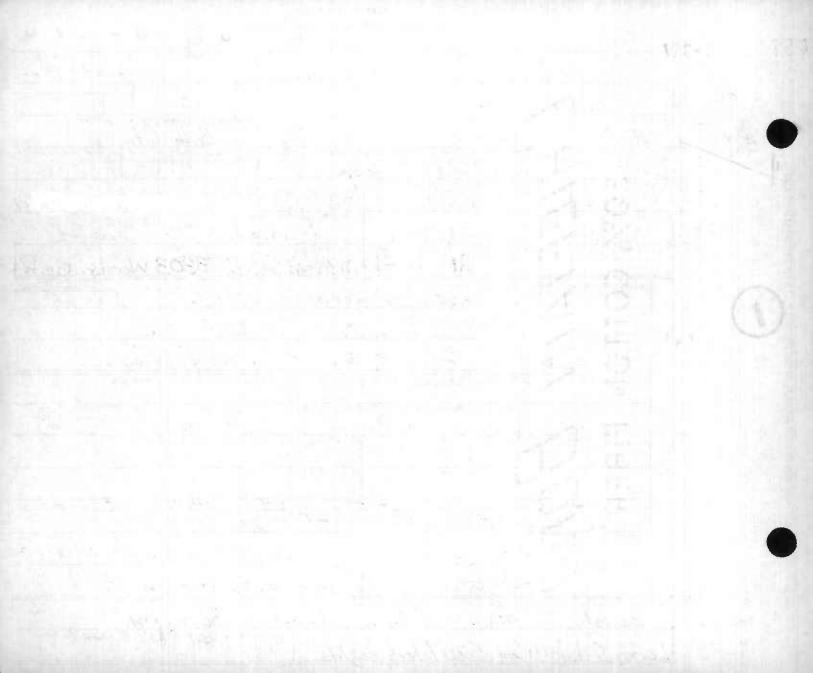
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN XT TIYE OR PRINT OF ESTI-WILLIAM THOMAS PALMISANO 20 87 10 4. RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED MALE WHITE 8 43 44 YRS DEAD 19 87 7P M To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED INEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED [ DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! St. Agnes Hospital Baltimore Truck Driver Overnight USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Trucking 13a. STATE LI3h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 2128 West Patapsco Ave. 21230 YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Heisterman Teo Palmi sano Janet. Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 21230 (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES Dorothy L. Palmisano 2128 West Patapsco YES 215-40-6824 1961 - 1964 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: ANTERIOR CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY FARM FTC 1 STREET CITY OF TOWN WHILE COUNTY WHILE AT WORK X 22a. I certify that I took charge of the remains described above, held a Autopsy Inspection and in my apinion death resulted from Natural couses ccident Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 2-21-87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St., Balto., MD (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Catonsville 2/24/87 Security Process Crem. Baltimore Cremation 07/B4 BP 25AA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Hubbard Funeral Home, Inc. 4107 Wilkens Ave? (VR A15 ME (5))

STATE OF MARYLAND



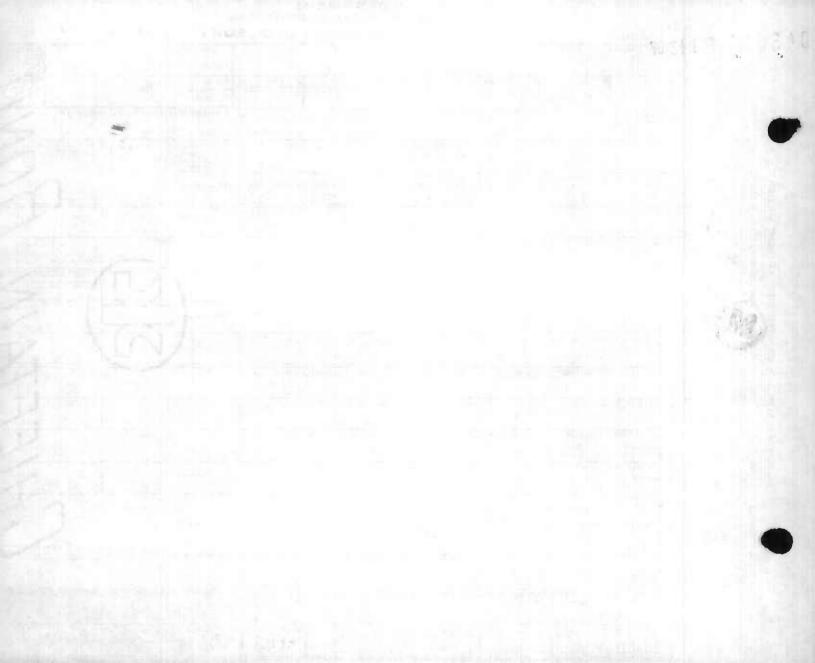
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TENDI nol or OR: A or use f Heal		22a I certify thotal (Nus hosp	2/24	211	in death accurred on the date and hour	19, thorn we last
OR AT e hospi DiRECT sched to Dept a f hem 2		22b SIGNATURE	m view the Body after death.	DEGREE	The delice of the delice of the field	22c DATE SIGNED
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TO HOSPITAL TO FUNERAL should be det with the Store		226. PHYSICIAN'S LIME (1111)	3. 6r. H	in ND ZOOD W	· Battmore	3.
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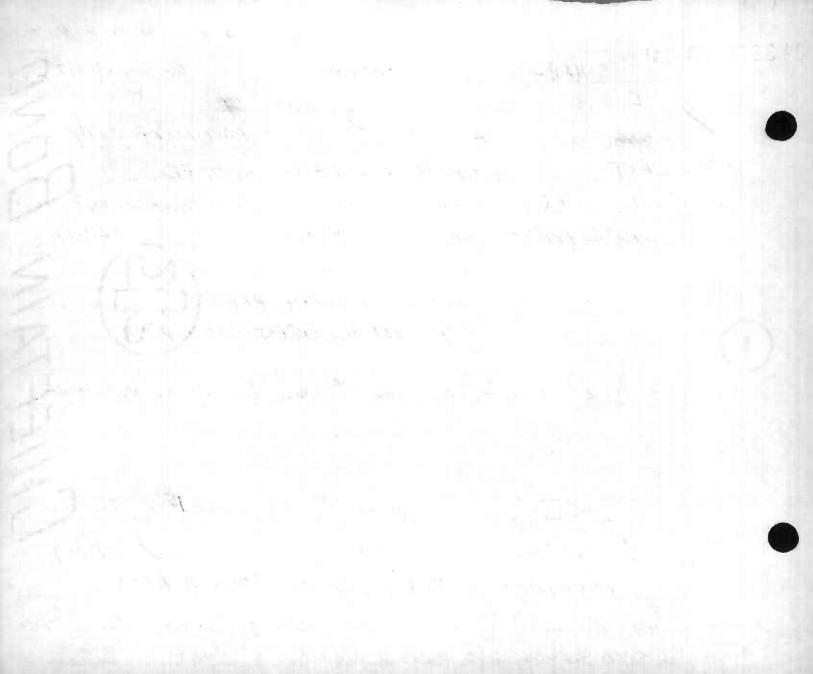


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH OF ESTI-LESSARY, PLEASE DE FOUR FILES. THIN 72 HOURS Hak Soo Park 1987 4. RACE 5 DATE OF BIRTH 6 AGE UN YEARS IF UNDER LYR. IF UNDER 24 HRS 24 HOUR 2c. DATE LAST BIRTHDAY) MONTHS PRONOUNCED 11:03 Male Orienta DEAD 1915 71 YRS TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Korea Korea WIDOWED XX DIVORCED Baltimore City, RECITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Unemployed Baltimore Johns Hopkins Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 136 STREET ADDRESS 130. STATE MAL COUNTY Randallstown 9922 Shoshone Way 21133 Maryland Baltimore NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Unknown Young Soon Park Han 17. INFORMANT Mike Hwan Park DRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 21133Randallstown, MD. 9922 Shoshone Way 212-04-0179 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)\_\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V NO T 71a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 9:30 2 Pedestrian struck by auto (van) 211 LOCATION 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE K Madison & Greenmount Aves, BaltoCity, street Autopsy X 22e I certify that I took charge of the remains described above, held on Inquiry ond in my opinion Accident K Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE Assistant MEDICAL EXAMINER 2/6/87 SEE SE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 2/9/87 Ward's Chapel Cemetery Randallstown Baltimore Burial 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250 DATE REC'D, BY REGISTRAR 250 REGISTRAR'S SIGNATURE RATE OF THE PROPERTY ROad Randallstown MD 21133 25M **DHMH - 17** 8728 Liberty Road Randallstown, MD. 21133 (VR A15 ME (5))

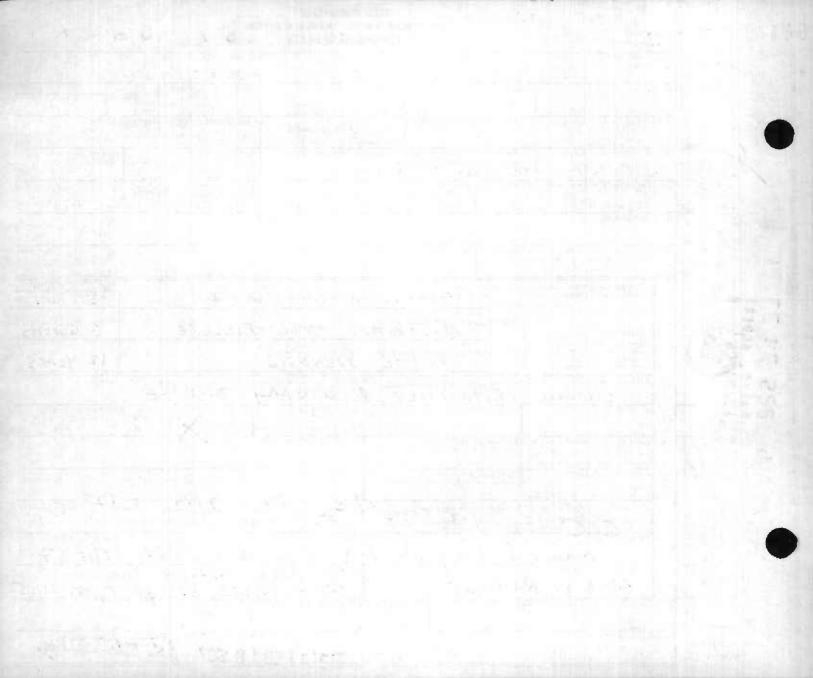
STATE OF MARYLAND

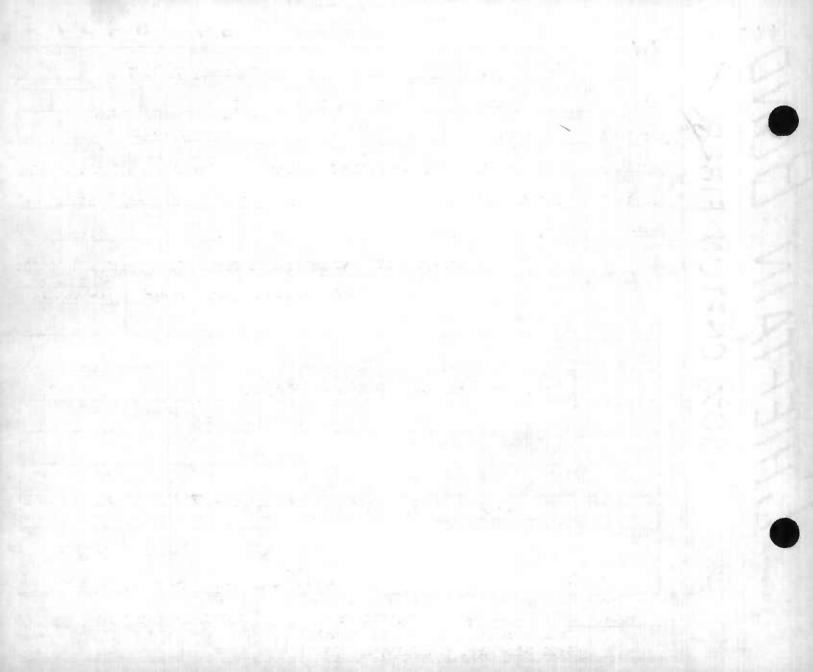


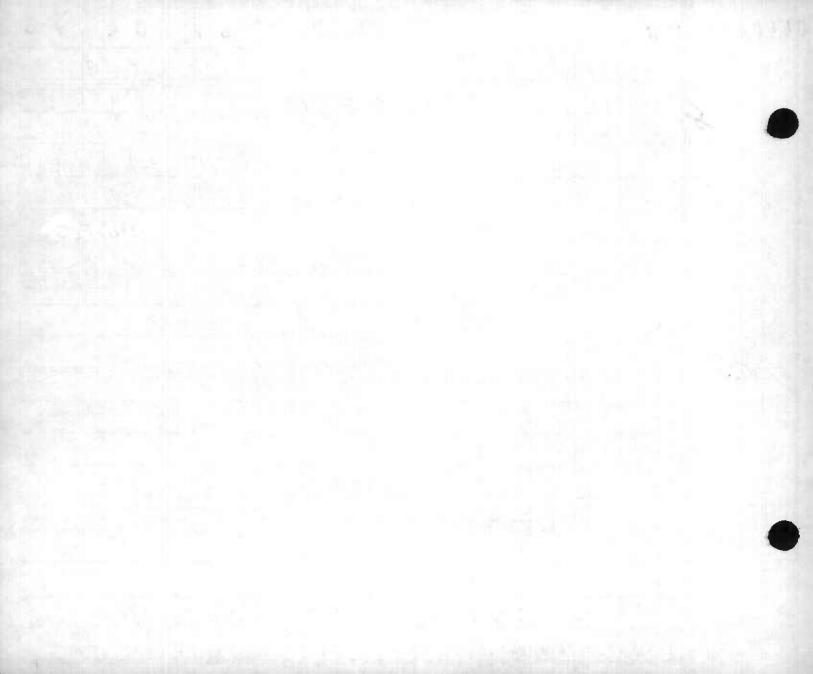
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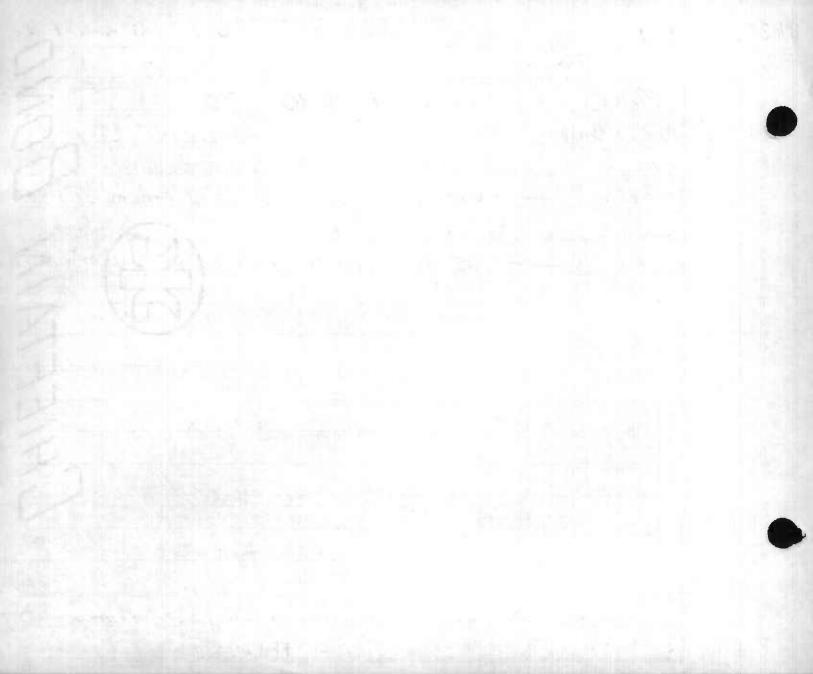


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MORE	ond co		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
Air	te bo	-	IR CAUSE OF DEATH (Enter of	inly one cause per line for (a), (b), a	and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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SNO	on the state of th		IMMEDIA	DUE TO, OR AS A CONSEQU	LIENCE OF		
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× ×	thou the	12	underlying cause last.	(c) Hope	LTIC STENOSI	2	12 YEARS
5, 20	Min file &	7	PART 2. OTHER SIGNIFICANT		Α	ERMINAL DISEASE OR CONDITION GI	IVEN IN PART 110
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	hosy hosy thed ept.		22b. SIGNATURE	A C A	DEGREE		22t. DATE SIGNED
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	T o r l s s s	23a E	URIAL, CREMATION, REMOVAL	L 23b DATE 23c	NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	COUNTY STATE
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	DHMH - 16 60M 7/84		INERAL DIRECTOR	ADDRESS	250	DATE REC'D. BY REGISTRAR THE REGIS	TRANS SCHALLER
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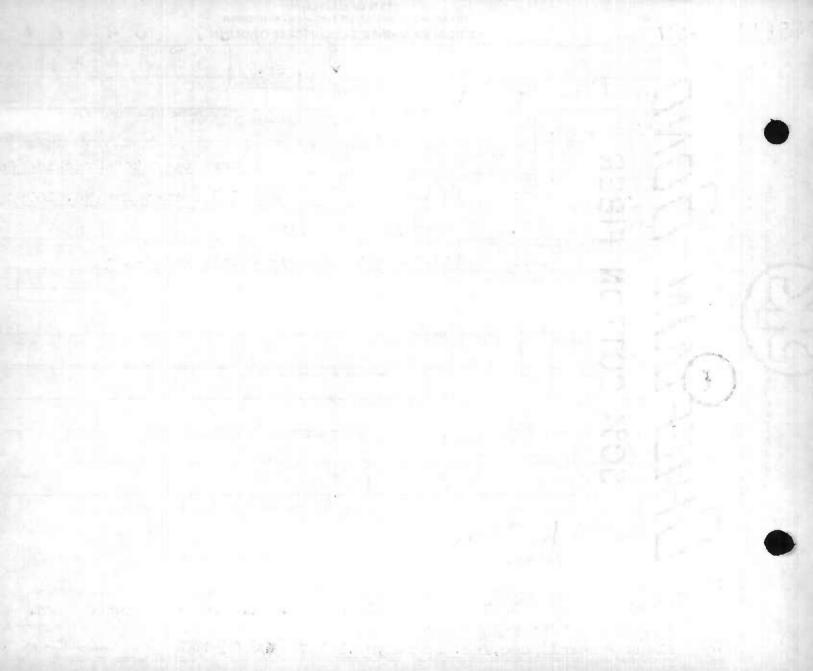




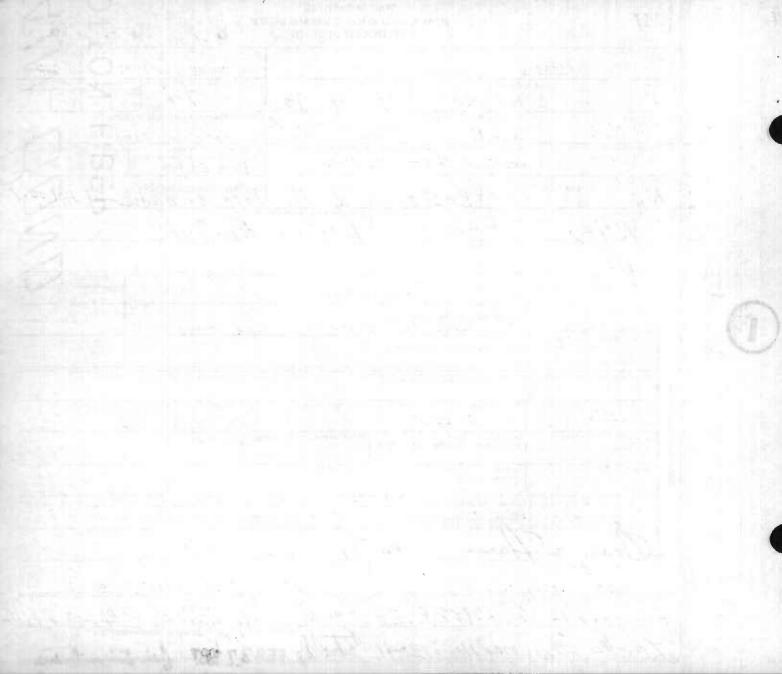
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR [TYPE OR PRINT] 87 DAVID PAUL 02 69 4. RACE 6 AGE LIN YEARS LAST BIRTHDAY 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR BLACK MALE 50 70. BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED T 10 CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 136 COUNTY 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE remes 160 WAS DECEASED EVER IN U.S ARMED FORCES? 17 INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT IB CAUSE OF DEATH (Enter only one couse per line lar (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: CARDIO - PULMONARY ARREST IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF ESOPHAGEAL CARCINOMA METASTATIC Conditions, if ony, which gave rise to immediate couse (o), stoting the SEPSIS underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO | 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 71d INJURY OCCURRED 211 LOCATION 71e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET FACTORY OFFICE, FARM ETC.) NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from. sow the deceased alive on, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body witer di 776 SIGNATURE 776 DATE SIGNED DEGREE MEDICAL 02-09-83 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME / LYPE OR PRINT LIB BALTIMORE 27e ADDRESS MPORTAI d b LIBERTY MEDICAL SUDHIR . D - PATEL CENTRE 23d LOCATION STATE Hd Baltimore 24 FUNERAL DIRECTOR DHMH = 16 60M 7/84 E. North (VRA 15, 4)

IL TRANSPORT TO STATE OF Amendment Standard The Standard But a state of the party of the state of the de no se Market Market Ballet

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH U REGISTRAR I. DECEASED NAME 20. DATE KNOWNXX (TYPE OR PRINT) OF ESTI-1987 Walter Pavlik Charles 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS DATE 2d HOUR 5 9THDAY PRONOUNCED 1928 white 1987 male DEAD Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXIEVER MARRIED FOREIGN COUNTRY! USA. Baltimore. Md. WIDOWED [ DIVORCED Baltimore City. IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Crane Operator Wrecking Co Baltimore Johns Hopkins Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Md. Howard 134 INSIDE CITY LIMITS? 136 STREET ADDRESS 13c CITY OR TOWN NOXX 8131 Dorsey Run Rd. 20794 Jessup 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Walter J. Pavlik. Tillie Sobus Rose 17 INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS WWII 219-22-3487 yes Beverly Pavlik same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Thoracic Trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DIHEB SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 9:45 KM 2-27 subject trapped in crain when building 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, collapsed STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK street 1000 Aisquith Street, Balto., Md. TO MEDICAL EXAMINER: IN EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYAND: 3 Autopsy XX 22a I certify that I took charge of the remains described above, held on Undetermined monner death resulted from oturol couses Homicide TITLE (SPECIFY) ACTUAL Deputy ChiefeDICAL EXAMINER 2-28-87 SIGNATURE Ann M. Dixon, M.D. EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) Meadowridge Memo. Pk. cirDorsey Burial, CREMATION, REMOVAL 3/3/87 Howard Md. 07/84 25M 7601 Sandy Spring Road 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** Odia Divider Rudale Fleck Funeral Home, Inc. Laurel, Md. 20707 (VR A15 ME (5))



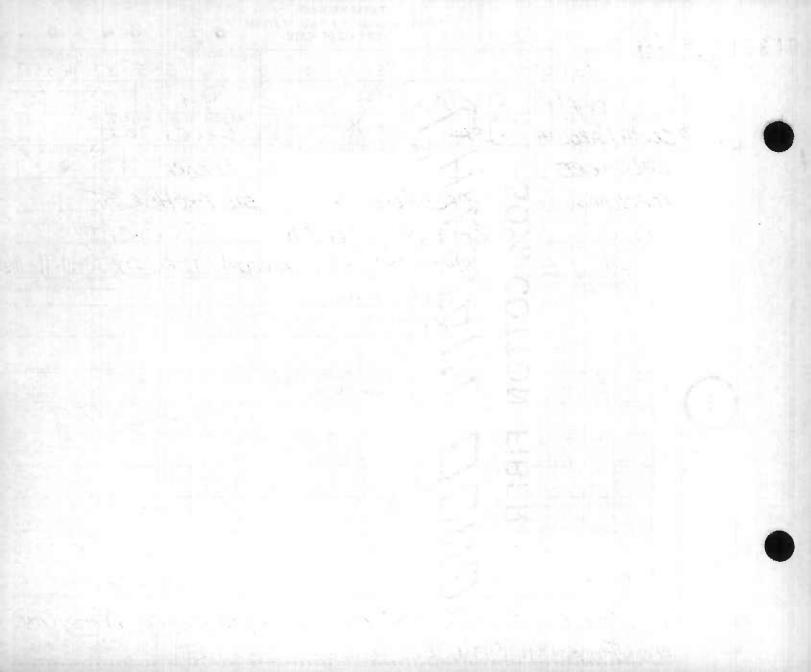
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		STATE REGISTRAR		CERTIFICATE OF DEATH	B REG. NO.	0 4 2 2 0
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page 3	(TYP	OR PRINT) Lillia	an	PAYNE	February 24,	1987 8:09P M
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,  NG PHYSICIAN. The law requires that the death certification of the this certificate has been signed by as the burial-transit permit. Then please rimproved on the and Amenial Hygiene prior to burial, characters of reing orked or flem 18 shows any injury, or attended to them.		IMMEDIATE	DUE TO, OR AS A CONSEQUE	NCT OF		
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TEN TO SO I ST		saw the deceased alive an	February 24 19	87, and that in Xmy) (our) opinion	death occurred on the date or	id hour and from the causes stated
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OR he hose DIRECTOR A DIRECTOR DEPT OF		a C	Maria	M. ATTENDING	MEDICAL STAFF	
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T ()		Harry Harris	, M.D.		Maryland Gneer	ral Hospital
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	23a.		23b. DATE 23c. N	TAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY / STATE ON /
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ND 212 24 hour 24 hour mid be for	USUAL RESIDENCE (IF) 13a. STATE Maryland	URSING NOME OR OTHER INSTITUTION COUNTY Howard	13c. CITY OR TOV		13d INSIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP COL Beechfie	eld Ave.	21227
The third the	14. FATHER'S NAME	1000	ALDE ST		15. MOTHER'S MAIDEN NA				
MAR w and w	John	H.	Payne LAST		Roberta	M	HDDLE	Hayn	es
d co		ER IN U.S. ARMED FORCE		URITY NO.	17. INFOR(WIFE)	link Valle	ADDRESS		
IMO Pog	NO NO OR UNKNOWN	(IF YES, GIVE WAR OR DATE NA	223.09.0	0899	Edith M. Pay	ne	Same As	#13	
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80	1 40	vent,		PART I. DEATH WAS CAUSE	D BY.	Cordio		Ton GIR				BEIMEEN	ONSET AND DEATH
S V	1 23	tic e	100	IMMEDIAI	re CAUSE (o)		V	100	47				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2	hos hos	ows any	CERTIFICATION	190 DATE OF OPERATION	196 COND	TITION FOR WHICH	H OPERATIO	N WAS PERFORM	NED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
VITA	ysicin	8 sh	CER	210. ACCIDENT WAS UNDERLYING			VE.15	21c. HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PART 2)	
Ö	B ph ertifi	Item ]	AL	OR CONTRIBUTING CAUSE OF DEA		.M. MONTH D	19						
NOISION	or this of the bur	ond Me	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET FACTORY, OFFICE,	FARM ETC }	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
٥	Aft of Se os	mar		270.1 certify that This haspi	toth attended th	ne deceased from .		1/19	19. 57	to 2 /15	_	19 57	that (ID(we) lost
	TOR.	21 is	10	sow the deceosed alive on obove, (II (we) (did) (did no			67 .01	d that in (my) (or	ur) opinion de	eath occurred on the do	ite and hour	ond from the	causes stated
	hosp hed	tem tem		226. SIGNATURE	I view the bady	atter deoth.		DEGREE				22s. DATE	SIGNED )
	the the etoc	- F	U)	1/4	· Ch	lo	n	ATT	ENDING YSICIAN	MEDICAL STAF	FIANO	12/	15/1
	- 0 111 0	TANT		224. PHYSICIAN'S NAME TYPE O	R PRINT)			22e ADDRESS				1	11
(	etoined TO FUN should b	MPORTANT		Barry	Westh	cimer		5847	B We	STERN RUN	06.	BAIT	My 2/20
	5 5 5 4	3 ≧	23o. B	URIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CRE		23d. LOCATION		COUNTY	STATE
	BP			BURIAL	1/20/					· A	nne Ar	rundel	Co Md
0	HMH - 16 60	M 7/84	24	FUTTER 450	ONSF	UNERAL	Hom	E, INC	, 250. DATE	REC'D. BY REGISTRAR	256 REGISTI	RAR'S SIGNAT	TURE
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955 An april 18 may 18 miles NUMBER - LONG PUNESALING FOR STRUK

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		CEASED NAME FIRST		MIDDLE		AST			MONTH DAY 02 22	YEAR 87	26 HOUR
nay be page 3		Sebas		Х.	-	rera		6 AGE (IN YEARS LAST BIR		O /	IF UNDER 24 HRS
ge 4 mc ector. p	3. SEX	Male	4 RACE Whi	ite	5. DATE C	03 DAY	24	62	YRS.	THS DAYS	HOURS MIN.
1 1 45	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Connecticut			USA			MARRIED	Baltimore City Or County OF DEATH Baltimore City			MD.
M 14		altimore	LIF NOT IN SUC	HOSPITAL, NURSII CHFACILITY, GIVE STREET Memorial	ADDRESS)			12a USUAL OCCUPATION OF COMMENT OF WORK FOR MOST COMMENT OF COMME	on of working life) - Disab	NOUSTRY Led Ve	et.
24 hours	13a. S	TATE 13b-COU		Baltimo	NE ADMISSION) VN Ore	13d. INSIDE (	NO [	138.STREET ADDRESS 3622 Kesw	zip code ick Roa	d 212	211
mpletely and 2 sh	14 FA	THER'S NAME Salvatore	WIDDIE	Perrera	1		S MAIDEN NAM FIRST Oncetta	WIDDIE		(unkr	nown)
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quires that the deat signed by the all then please remains to burral, cremation	N	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101									
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TTENDIN putal or TOR Afr for use a of Health		220 I certify that (1) (this hosp saw the eccessed alive a abave (1) (we) (did) (did n			- 1	The st	19 8 (0 (aur) apinian	ta			that (I) (we) last causes stated
AL OR ATI		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN						FF CIAN	2/2	34/87	
TO HOSPITAL retained by th TO FUNERAL should be deta with the State IMPORTANT: I		22d PHYSICIAN'S NAME (TYPE	P. Grec	~ MO			i, Greene	ST, Univ of Mor	yland Hogs	tol But	4 MN 2120
O S D S X	23a. E	BURIAL, CREMATION, REMOVA					CREMATORY	23d LOCATION CITY OR TOWN		DUNTY	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)		A. Alan Seitz,	Jr. 381	8 Roland	Ave.	21211		EEZ 4 ESTA	REGISTRA	- ANDINATI	- he last

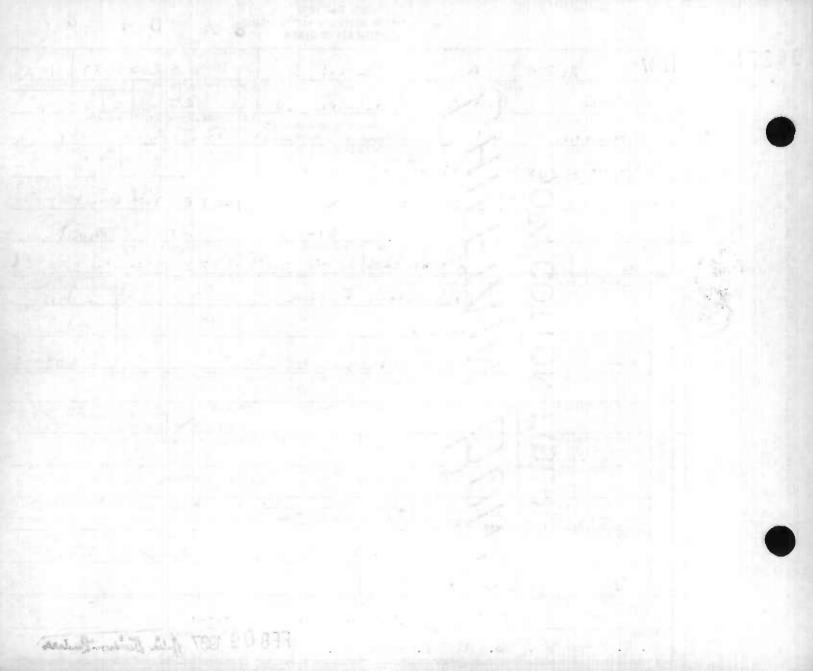
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To Jo		ermany	USA	E HOSBITAL NIL	WIDOWE			Baltimore		ND OF BUSINESS C		
The set	I	Baltimore	St.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  St. Agnes Hospital				os work for most of to ousewife		TRY		
1 11 50	13a.	AL RESIDENCE (IF NURSING	COUNTY	13c. CITY OR	TOWN	13d INSIDE CITY LIM	MITS? 1136.5	TREET ADDRESS /	ZIP CODE			
	Mo		Baltimore	Lansd	owne	YES NO		03 Washin	zip code gcton Ave.	21227		
vithii 12 st	14 F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID		MIDDLE		LAST		
g a a a a	Fr	ank Macek				Clementin	ne Salı	non				
dicol de		WAS DECEASED EVER IN THE TEST OF UNKNOWN)	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES)		SECURITY NO.	17 INFORMANT		Smith 14092 Montecello Dr. 2172				
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\$ \$ \$ \$ \$ \$		Terrison Terrison	DUE TO,	OR AS A CONS	EQUENCE OF	,						
I VIII		Canditians, if any, wl		Chroni	i himer	Lausine	deso	are	7	5ym		
2 2111		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
Month of the state		underlying cause I	ast.		-	_						
Part of	1,	PART 2 OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	. 1 0	7 .		ITION GIVEN IN PAR	Tha		
4 44 4	CERTIFICATION	My parter are arranged and the person was performed 1200 autopsy? 120b. IF YE								infact.		
1 11116	5	190. DATE OF OPERATION	196 CON	DITION FOR W	HICH OPERATION	WAS PERFORMED	20	a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	VDINGS USED USES OF DEATH?		
48 2184-	1 2					1		ES NO	YES 🗌	NO 🗌		
A STATE OF S		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		OF INJURY A.M. MONTH	DAY YEAR	ZIC HOW INJURY C	OCCURRED (	ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	(2)		
20 5111 /	N N	(IF EITHER NOTIFY MEDICALE		P.M.	19							
de table	MEDICAL	21d INJURY OCCURRED	LAT HOME !	E OF INJURY STREET, FACTORY, OF	FFICE FARM ETC )	211 LOCATION STREET		CITY OR TOW	N COUNTY	Y STATE		
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		775 SIGNATURE	TO N	7	(	DEGREE	DING M	DICAL STAFF		ATE SIGNED		
Y the detor		aurence	1 Cou	apas	us		CIAN DIR	DICAL STAFF ECTOR PHYSICIA	AN D 2	-18-87		
FUNE FUNE Suld be the the Sont And The Sont		PHYSICIAN'S NAME	tries on May 1:	8		22e ADDRESS						
TO HOSPITAL (retained by the TO FUNERAL I should be detained by the State [IMPORTANT: If		Lawrence R.				900 Cator						
F 5 F 8 7 3	23a	BURIAL, CREMATION, REA				METERY OR CREMA		d LOCATION	COUNTY	STATE		
BP		urial	02/21	/87	Woodlawr	Cemetery		Baltimore		Md.		
DHMH - 16 60M 7/B4		UNERAL DIRECTOR		ADDR			250 DATE REC		Sh REGISTRAB'S SIGN	NATURE data		
(VRA 15, 4)	A	mbrose, Inc.	1328 Sulr	phur Spr	ring Rd.	21227	FEB:	9 1987	guita parisa.			

1963 E. P. Millard Martin od 10 departs for THE PERSON NAMED IN the first process of the second second SHOULD THE STATE OF THE POST OF THE SECOND S

							STATE OF MARTLAND				
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					CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	pe	poge 3		(TYPE	ORPRINT) HELO	w I. 1	PHELLES	7	Ers. M	87	5.25 A M
	You	de de		3. SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
	4	ofte.	186	J. JE.	Kan 10	1/20/3	MONTH DAY YEAR	-11	MONTHS	DAYS	HOURS MIN.
-	og e	urs	-	1	15111111F	10 4: 48 C	4 7 32	24	YRS		
	9	2 Pd	5/6	7a. BI	RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	E COUNTY OF DE	ATH	
	eof	n Zu	2/	E	Salto, Md.	U.S.A.	WIDOWED DIVORCED	City			MD.
	75	A P	2/1	10. C	TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION			BUSINESS OR
= /	100	ted th	2	231	Balto.	(IF NOT IN SUCH FACILITY, GIVE STRE	scott Key	(TYPE OF WORK FOR MOST O	WORKING (IFE) INL	OM	0
120	ours	5 9	8/1/	USU.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)			(2)	mino
10 2	24 h	Ped	8/1	130	TATE		WN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS		5	africate afer
LAN	.E	2	3	19. 5	ATHER'S NAME	to lurners	15. MOTHER'S MAIDEN N		ers Pt.	-0	8
RY	***	ete C	12	7 "	EIRST	MIDDLE LAST	13. MOTHER S MAIDEN IN.	MIDDLE "	-	LAST	
X	ted	ф	321	/	Frank	Vackso	TVICE I	•	Johnson	)	324
JRE	reco	des ges	dica		VAS DECEASED EVER IN U.S. A	SIVE WAR OR DATES)		ADDRE	^	11	1. 1
N.	0	Pog	E		No	215-28-	6692 Nr. Dedret	K. Ph. Ilips	320 So	1/25	H. Kd.
4	-	oers of.	ET		18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b),	and ich			SPECIAL OF	ATE PUTERVAL
9	-31	phy	ent		PART I. DEATH WAS CAU	SED BY:	monel Defice	-			
5	50	ng rbod	é u		IMMEDI					- 1.0	124310
9	15/	end n, o	TO E			DUE TO, OILAS A CONSEQ		2.2			
W	70	nove	trou		Conditions, if ony, which gove rise to immediate	(b) Poers	obcach Vizzon	-6		-	
> A	th th	the rem	her		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ	UENCE OF		0.		
2	tho	eose of, o	0 0				a SIP Aorto Du				
5, 20	res	gue Dur	7.	-	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART 10	100 P
DIVISION OF VITAL RECORDS.	69	The	<u>n</u>	CERTIFICATION	CENAL	Froguete-					
8	3	art.	1/00	A	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER		
	on.	hos	3	Ĕ	Jan 77 187	Arto Dre	adeal district	YES NOW	YES T	CAUSES	NO
ITA	A: II	cote ronsit Hygie	8 2	E S	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART I OF	RPART 2)	
F	IAN (4d		8/1		OR CONTRIBUTING CAUSE OF						
N	YSK	burtol-ta Mental	21	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIL  21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211. LOCATION				
ISIO	PH	the to	pa pa	WE	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFIC		CITY OR TO	NN CC	YINU	STATE
>ia	NG to	os t	orked		AT WORK AT WORK			2 174		-	
	Z -o	use Heo	.s		22a I certify that (I) (this has	pital) attended the deceased from	JAN 20 19 87		. 19_\$		nor (II) (we) lost
	ATTE	OTO P	121		sow the deceased olive obove (1) (we) (did) (did	not) view the body ofter death.	87 , and that in (my) (our) opinion	death occurred on the do	ite and havr and l	rom the co	auses stoted
	OR ho	DIRE	Hen		22b, SIGNATURE	7	DEGREE			C. DATE S	IGNED
	AL the	- ÷ e	#	1	John A. J	rant MB BC	BAO LACPLS T . ATTENDING PHYSICIAN	MEDICAL STAR	IAN	141	12
	SP IT	FUNERAL old be deto	Z	(	THE PHYSICIAN'S NAME (TYP		22e ADDRESS				
	HO	should be with the S	IMPORTANT		JOHN A.	GRANT.	FSICHO				
	of of	Of sho	N. T.	230 1	BURIAL, CREMATION, REMOV.	AL 23b. DATE 23.	. NAME OF CEMETERY OR CREMATORY	123d LOCATION	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	0.0			4	SPECIFY)			CITY OR LOWN	MIII COUN	AA YTE	STATE
	BP		-	24 5	SINERAL DIRECTOR	2-18-87	sarrison torest	TE DECID BY DECKTOAD	VIII)	SACHIATIZ	70 1.00
		1 - 16 60M		1	MANG &	ADDRESS	1 200	EB 1 3 1987	Julia 23	N. S. S. L.	Kandara
	(*	VRA 15, 4)			as. A. Mover	DAY JOURS 1701	Laurens St.	FO = 0 100.	0		

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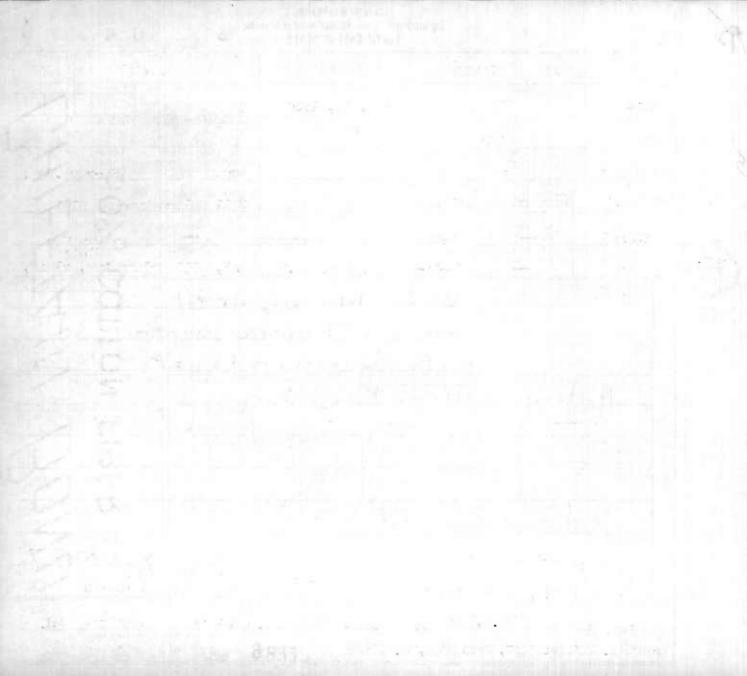
DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

Raymond C. Fink Glen Burnie, Md 21061

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

TOST Leterns no Rivers of Departs

The many with the second of th Shear the second of the second second



Item # 14, Film G 625 3/2/87 CM

	YES NO OR UNKNOWN) IF YES, GIVE W			1223 Ashland Ave	enue				
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE (		CONGESTIVE	HEART FAILUR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, it ony, which	DILATED	CANDIOMYO	PATHY					
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (c) AO RTIC STENOSIS							
NO		MENTIA SECONDARY T							
CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?				
-	210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 15	,R	D (ENTER NATURE OF INJURY IN ITEM 18 PAR	I I OR PART 2}				
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY JATHOME, STREET, FACTORY, OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	220 L certify that (1) (this hospital) attended the deceased from FEGNUARY, 19 75, ta FEGNUARY, 19 77, that (1) (we) last saw the deceased alive an Z 11 19 7, and that in (my) (www) apinion death accurred on the date and hour and from the causes stated obove, (1) (we) (and ) (did not) view the body after death.								
	27 SIGNATURE Ough D. No			MEDICAL STAFF DIRECTOR PHYSICIAN	120 DATE SIGNED FEB-26-87				
	JOSEPH D.	Notanancelo m	301 ST. P.	AUL PLACE - BE	120212 31 - MITA				
23a E	BURIAL CREMATION, REMOVAL		t Mem Park	Laure 1 wn	COUNTY				
	uneral director a. C. March F/H 1	11 1101 E. North	Avenue CCD	REC'D. BY REGISTRAR 238 REGISTRA					

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

12b. KIND OF BUSINESS OR

Winters

Mercy Hosp

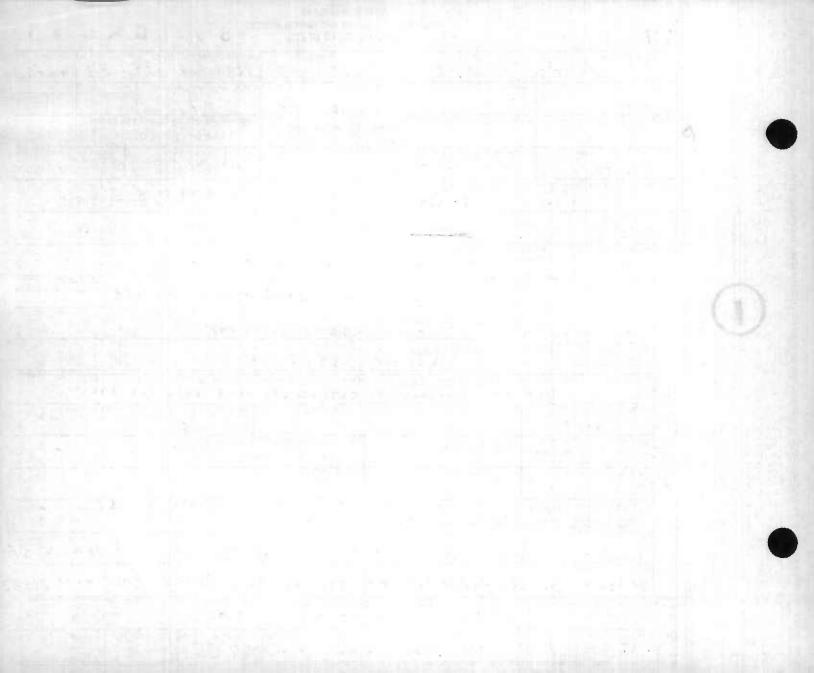
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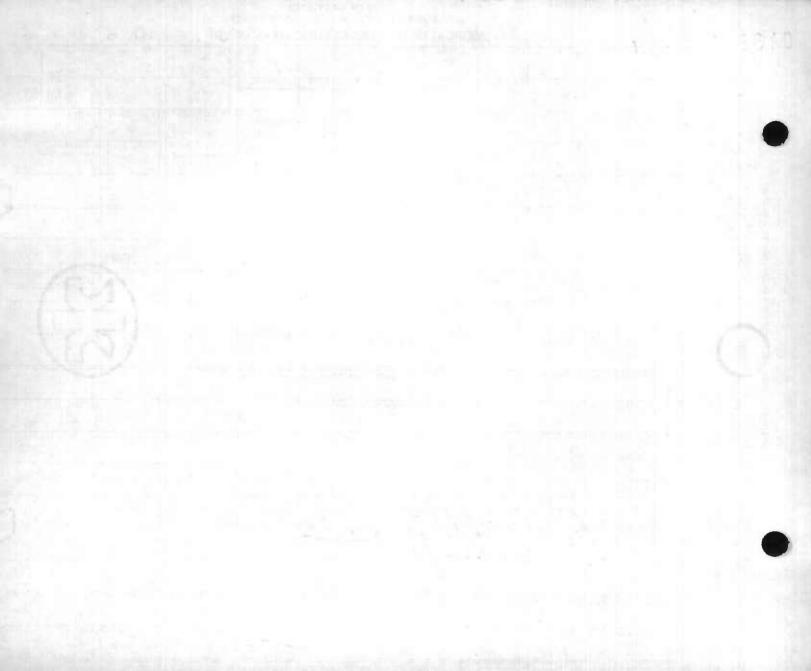
4:00 A.M

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO REGISTRAR DECEASED NAME DATE KNOWN XX MONTH YEAR 2h HOUR (TYPE OR PRINT) OF ESTI-LEPAL DIRECTOR.
OUR FILES.
HITHIN 72 HOURS 19 87 Pinder DEATH MATED Rebecca 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 HOUR 4:17 MONTH YEAR LAST BIRTHDAY) DAY PRONOUNCED 19 87 black 98 female 10 30 88 DEAD p. M 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) 1, 2, AND 3 TO THE FUE M. 3. RETAIN PAGE 5 D.2 SHOULD BE LED, LIAL RECORDS 11 5 WIDOWED X MD DIVORCED Baltimore City B.X 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS IN CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY HOUSEWIFE 2646 E. Hoffman Avenue Baltimore City SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY BALTO. 13d. INSIDE CITY LIMITS? 2646 E. HOFFMAN ST. YES X NO [] IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME ELLA MIDDLE UNK LAST JONES NSIT PERMIT, PAGES I AND I HYGIENE, DIVISION OF VI EMOVAL 17 INFORMANT ADDRESS 166. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) CLAUDIA LAWSON 2646 E. HOFFMAN ST. 21213 216070773D NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF E USED AS BURNE OF HEALTH AND MEI JRIAL, CREMATION. lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DEPARTMENT OF HE I PRIOR TO BURIAL, YES [] NO X 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 THE PLACE OF INJURY (AT HOME II LOCATION 214 INJURY OCCURRED STREET FACTORY FARM FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a. I certify that I took charge of the remains discribed above, held an Autopsy Inspection and in my apinian Homicide Undetermined monner Natural causes TILE (SPECIFY) 2-3-87 Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D. TYPE OR PRINT 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY STATE MT. ZION CEMETERY LANSDOWNE BURIAL 2/6/87 MD 07/84 25M 24 FUNERAL DIRECTOR 250 DATE REGID. BY REGISTRAR 250 REGISTRAR'S SIGNATURE **DHMH - 17** in Deviden R 1101 E. North Avenue Wm. C. March F/H (VR A15 ME (5))



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AL RECC	190 DATE OF OP 190 DATE OF OP 210. ACCIDENT WA	7186	C1 #11-10-C	FLOOR 6	som FC	1797	ES NOD	206. IF YES, WERE FIND IN CERTIFYING CAUS YES	NO		
NG PHYSICIAN: The law requirent the third physician.  Of the this certificate has been suggested the burial-transit permit. The though Amenial Hygiene prior to the and Menial Hygiene prior to have dor them 18 shows any injury.	OR CONTRIBUTING	CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH P.M. 218. PLACE OF INJURY	DAY YEAR	211. LOCATION	RY OCCURRED	ENTER NATURE OF INJURY	N ITEM 18 PART T OR PART 2			
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DHMH - 16 50M 4/82 (VRA 15, 4)	Charles S.	Zeiler &	Son Inc. 62	24 Easte	ern Ave.	FEB 1	1 1007	L REGISTRAR'S SIGN	ATT IN		

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J. Willis Wells

Chestertown, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2a. DATE OF DEATH MONTH DAY YEAR 2h HOUR Pittman 18 87 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 82 BALTIMORE CITY OR COUNTY OF DEATH RALTO 126 KIND OF BUSINESS OR HOUSEWIFE WORKING LIFE) INDUSTRY 13e STREET ADDRESS / ZIP CODE PRESTON WIDDLE LAST HART ADDRESS 1309 GLENWOOD AVE WILLIAM JACKSON APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY and that in (our) opinion death occurred on the date and hour and from the causes stated The DATE SIGNED

MEDICAL STAFF

DIRECTOR PHYSICIAN

MEM.

COUNTY

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Wm C March F/H

(SPECIFY)

Burial

FOR

I. DECEASED NAME

REGISTRAR

- STATE

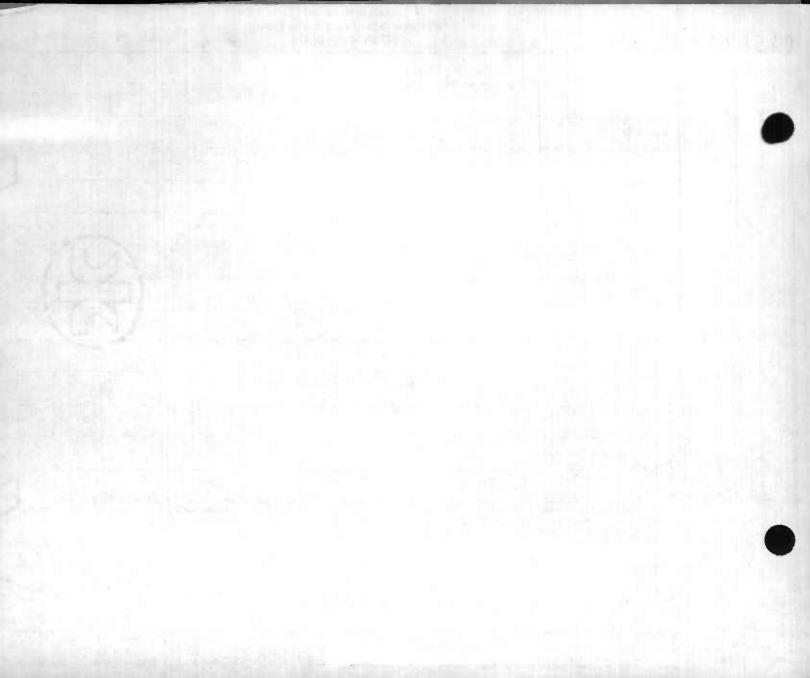
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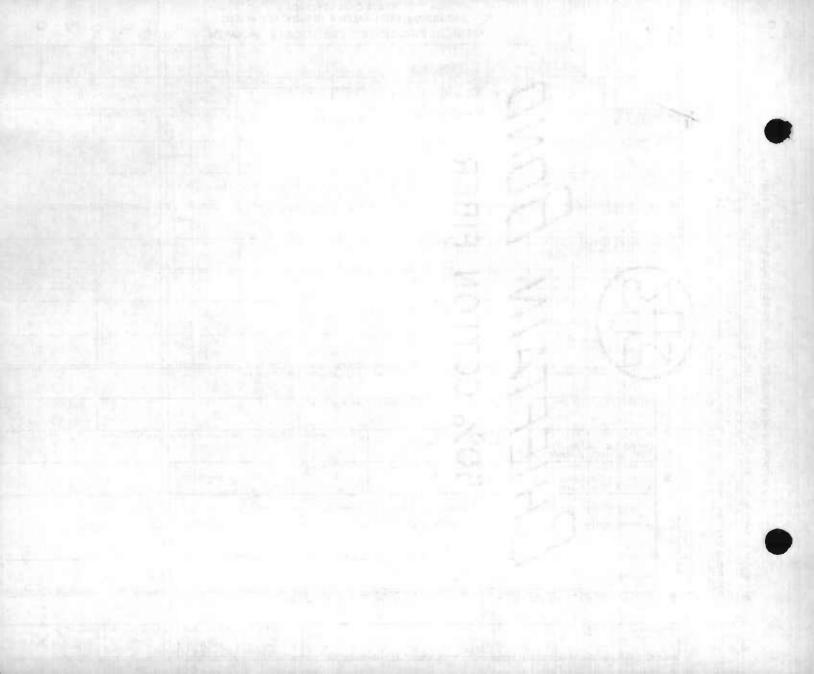
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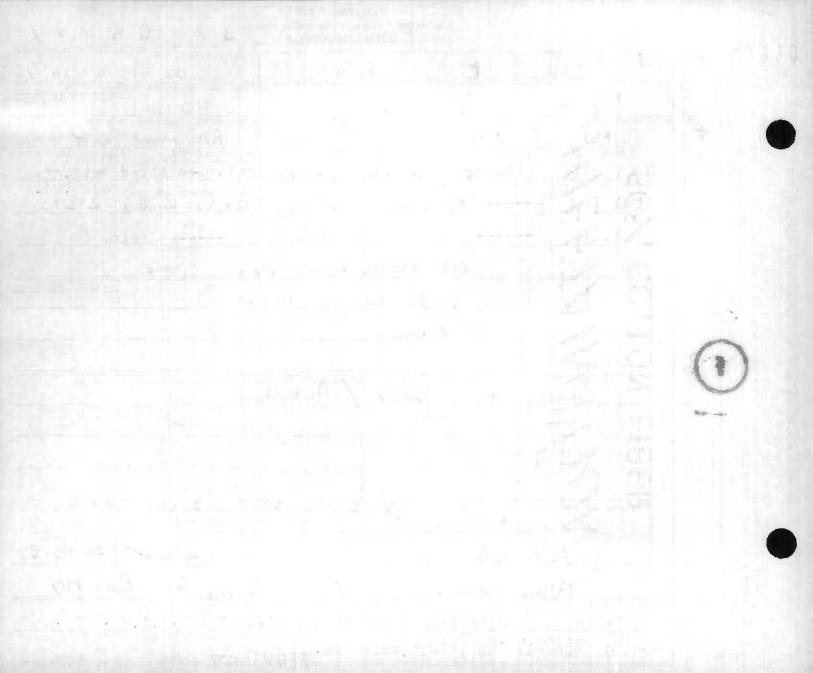
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DIVISION OF VITAL F  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CREMIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTERDEATH, WITH THE STATE DEPARTMENT OF HI BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL,		(TYPE OR PRINT)	WIIIIam	M. Zane, M.	D. ADDRES	SS	Penn St.	Balto.MD				
PAGE A	23a B	BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CE	METERY OR CREM		23d LOCATION					
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07/84 BP	24 F	Burial FUNERAL DIRECTOR	1 3/4/8/	I EdSLVI	ew Mem.		Cationsv	Sh REGISTRAP'S	IGNATURE			
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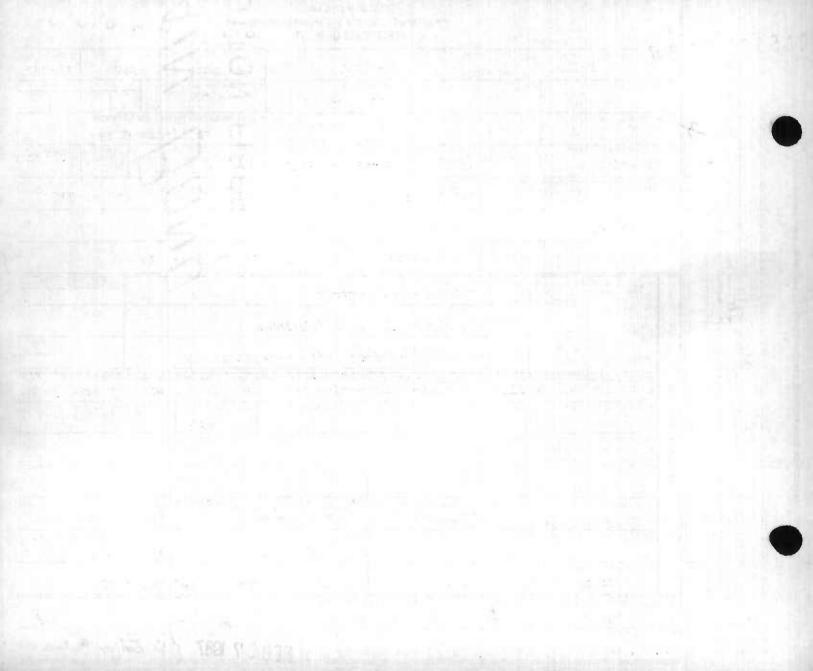
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54134	230	RUPIAL CREMATION PEN			NAME OF CEASE	TERY OR CREMA	· ·	224 LOCATION			
	2.50	Burial				Park Ce		Baltimo	re C	City	MD
	24 F	UNERAL DIRECTOR	Cat	onsvill	e. MD	21228	250 DATE RE	C'D. BY REGISTRAR		AR'S SIGNAT	
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ON BIG INDER CHIEF DATE DESCRIPTION ST. CO. C. LATER AND THE EDWAY.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20 DATE OF DEATH 2b HOUR CTYPE OR PRINTE page 3 Pelham POLLARD February 25, 1987 11:28PM 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HPS 83 male. black 26 1903 TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED USA Baltimore City WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Bethlehem Steel 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Maryland General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 2506 Francis Md Street 21217 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jefferson Pollard MIDDLE LAST Vera ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 213-09-1710 2533 Francis Street Vera Wade APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiopulmonary arrest IMMEDIATE CAUSE (0) Multiple Electrolyte imbalance otte Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF Prostatic Carcinoma with metastasis and underlying couse lost. 0 Chronic renal failure; chronic obstructive pulmonary disease with bronchospasm. CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? d Mental Hygiene NOXX YES [ NO [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 iol-tra HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 0 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) SIDEET STATE NOT WHILE AL WORK February 18 10 87 , February 22a I certify that & (this haspital) attended the deceased from\_ sow the deceased alive on Fehruary 25 19 above, N (we) (did N N bt) view the body after death. 87, and that in (15%) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT should be with the St 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Krishnan Raghavan, M.D. C/o Maryland General Hospital 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION (SPECIFY) COUNTY STATE Burea BP 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Wm. C. March F/H 1101 E. North Avenue (VRA 15, 4)



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Julia Dondon La

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO J DECEASED NAME LAST 2a. DATE OF DEATH MONTH 26 HOUR [TYPE OR PRINT] Ruth Gladys Pomeroy 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR MONTH DAY YEAR Female White 30 02 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland BALTIMORE CITY WIDOWEKIX IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n LISUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Belair Convalesarium Baltimore City Housewife Homemaking USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Fallston, Md. 13e.STREET ADDRESS / ZIP CODE 136 INSIDE CITY LIMITS? Harford 2111 Laurel Brook Rd. 21047 Maryland NO K ATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Albert Mays Sarah Jones WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Fallston, Md. 21047 WES NO OR UNKNOWN HEYES GIVE WAR OR DATEST 214-20-2025 2111 Laurel Brook Rd. Joan L. Dallmus 18 CAUSE OF DEATH | Enter only one couse per line for ioi, (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION DIVEN IN PART LIS CERTIFICATION IN CERTIFYING CAUSES OF DEATH? NO NO IT 21s. TIME OF INJURY THE ACCIDENT WAS UNDERLYING THE HOW INJURY OCCURRED. LENGTH WATLING OF PUBLISH IN TERM TO PART I OFFICE OF HOUR A.M. MONTH DAY YEAR DRICONTRIBUTING CAUSE OF DEATH CHESTNER NOTHS WEST AT EXAMINERS P.M. STA. INJURY OCCURRED THE PLACE OF INJURY CIDUATY CITY OF TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE D NOT WHILE D 77s I certify that it is a catended the and that is (my) (set) opinion death occurred as the state and hour and from the course stated 77h SIGNATE DEGREE ATTENDING. PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (THE CAPERO IZ# ADDRESS lbert Bradley. M.D. 483-4883 4900 Belair Rd. Baltimore, Maryland 23a. BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Baltimore, Waryland STATE 2-24-87 Parkwood Cemetery 24 FUNERAL DIRECTOR 250 DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

11750 BelAIE Rd.

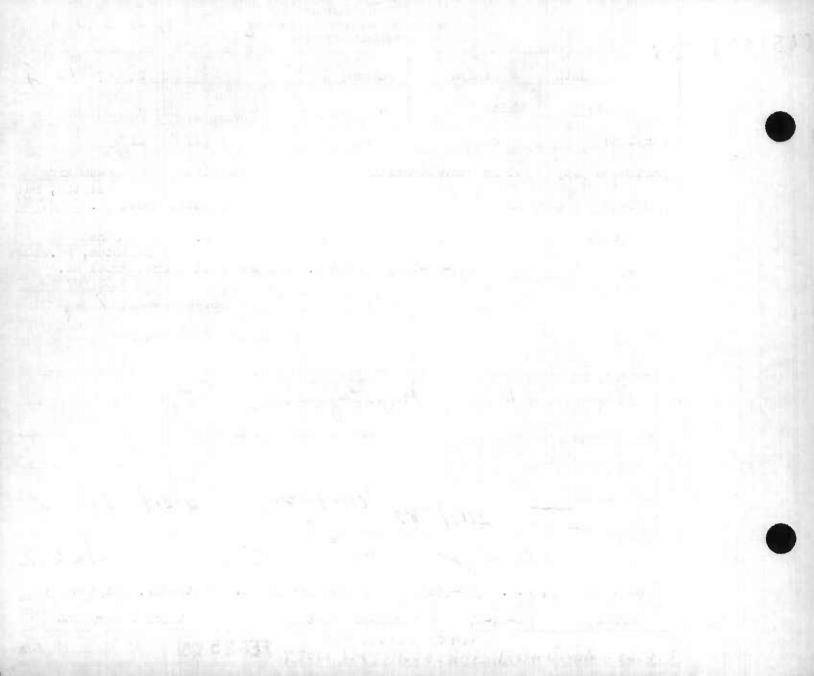
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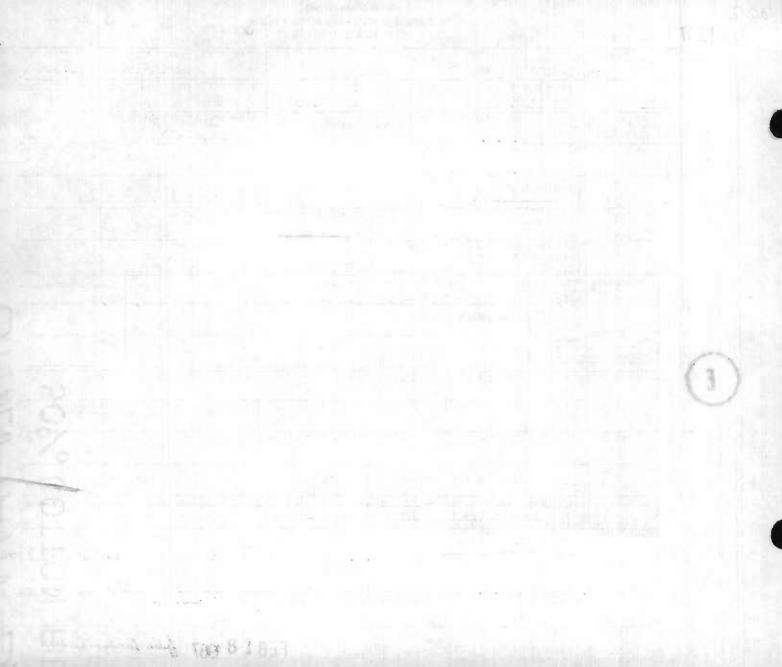
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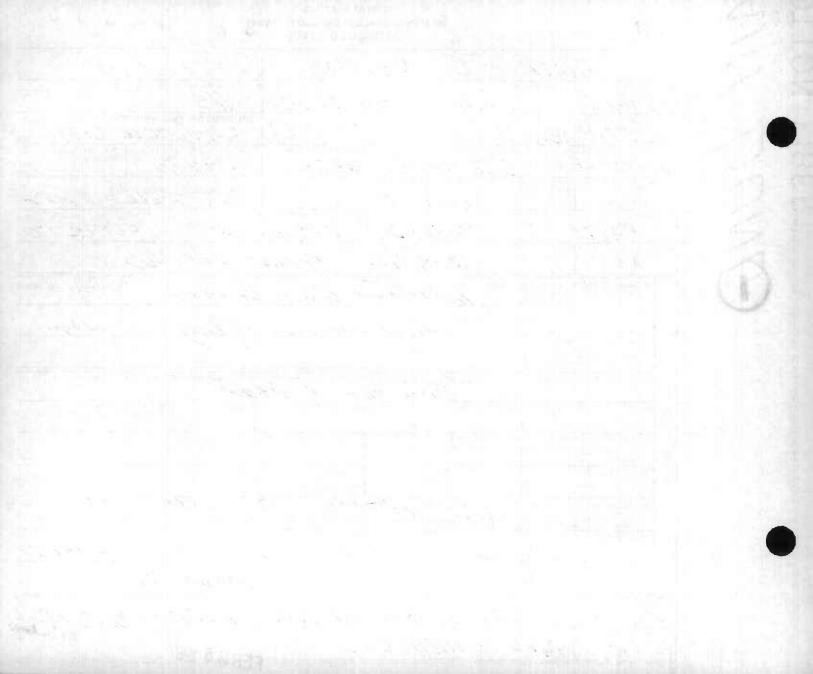
24 FUNERAL DIRECTOR

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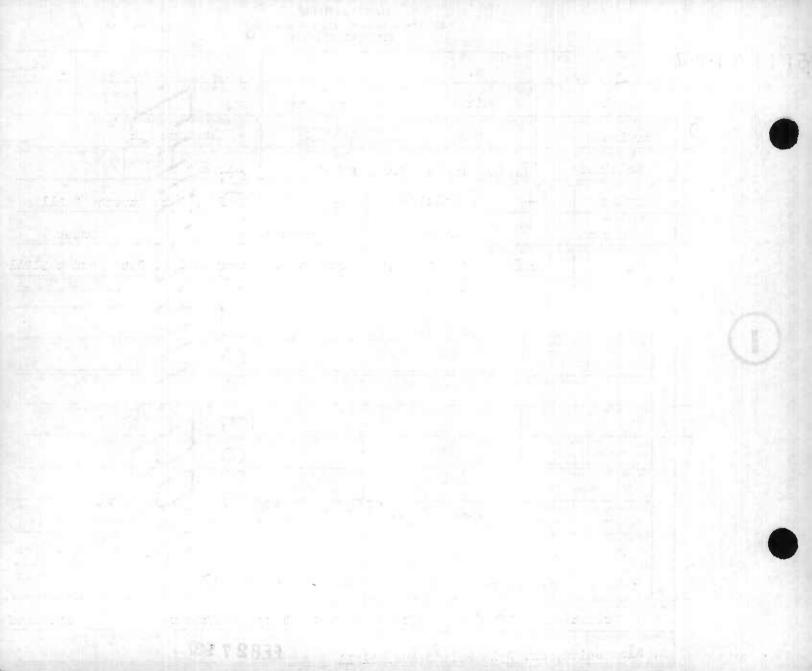
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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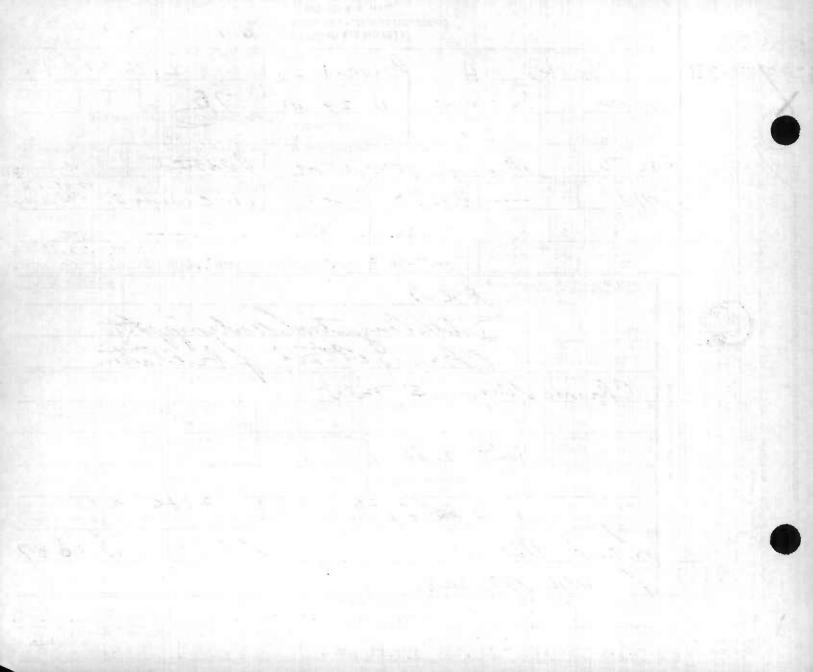
BY REGISTRAR JAL REGISTRAR & SIGNAJURE 14



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 20. DATE OF DEATH MONTH L DECEASED NAME DAY 26 HOUR (TYPE OR PRINT) R. 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAM IF UNDER I YEAR IF UNDER 24 HRS 3 SEX YEAR Male White 07 32 54 70. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore City USA Maryland DIVORCED [ WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12h, KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Baltimore Carpenter HOLP. & Med. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c CITY OR TOWN Baltimore 13e STREET ADDRESS / ZIP CODE 1003 W. 38th Street 13d. INSIDE CITY LIMITS? Maryland 21211 YES X NOF 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE LAST Cline Frances Herman Bower ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-28-4062 Particia F. Pouder 1003 W. 38th Street 21211 yes Korean 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Metastatic Squarrows ell Ca of Anus. Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [ 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 21f. LOCATION 21d INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AI WORK 220 1 certify that (1) (this hospital) attended the/deceased from 2/26 87 saw the deceased alive an. and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN P 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 28 081 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore COUNTY (SPECIFY) Cremation 2/28/87 Green Mount Cemetery Maryland 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Alan Seitz, Jr. 3818 Roland Ave. 21211 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH . DECEASED NAME (TYPE OR PRINT) 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) AUCAS, on 7a. BIRTHPLACE ( STATE OR FOREIGN BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRYS Tennessee WIDOWED DIVORCED Paltimore city 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPES WORK FOR MOST OF WORKING LIFE) INDUSTRY ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 1 W Corresta YES NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Elizabeth Flynn charles powell. sn 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT mowson, Md. 21204 (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! Mr. Fdward Azreal. 401 Washington 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM ALD SEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h JF YES, WERE FINDINGS USED 190 DATE OF OPERATION CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR AM MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 10:4-1 P.M. (IF EITHER NOTIFY MEDICAL FXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from 2-10saw the deceased alive on\_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove. (I) (we) (did) (did not) view the body after death DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANI FUNER old be 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION CITY OF TOWN (SPECIFY) Ruria] carden of Faith cent. Rossville. Ralto.co.md. Ralto.Md.21230 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 muneral Home, 130 R Fort Ave. (VRA 15, 4) MCCU



## CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) DORA FEBRUARY 22, PRESS 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MAR. 17, 1901 FEMALE CAUCASIAN 85 To BIRTHPLACE (STATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED RUSSTA II.S.A. BALTIMORE CITY WIDOWED DIVORCED [ IR CITY OR TOWN OF DEATH 120 USUAL OCCUPATION BALTIMORE 3601 FORDS LA, APT. 422 (21215) HOUSEWIFE WUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13. STREET ADDRESS / ZIP CODE 3601 FORDS LA., APT. 422 (21215) 13c CITY OR TOWN BALT IMORE 113d INSIDE CITY LIMITS? MARYLAND 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME SILBERBERG MIDDLE **JOSEPH** SARAH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT SHELDON PRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-54-1257 6514 GARDENWICK RD. BALTO., MD 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Ischemic heart disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Hodakins disease Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 2/4/8/ sow the deceased olive on, and that in (my) (our) opinion death accurred an the date and hour and from the causes stated 226 SIGNATURE DEGREE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ATTENDING

CEMETER

22e ADDRESS

2435 W

13c NAME OF CEMETERY OR CREMATORY

M.D.

. MEDICAL

Belvedere Ave

PHYSICIAN DIRECTOR PHYSICIAN

(SPECIFY) BURIAL. 2/25/87 ANSHE EMUNAH 24 FUNERAL DIRECTOR REISTERSTOWN RD. BALTO., MD 21215 (VRA 15, 4)

73b. DATE

27d PHYSICIAN'S NAME ITYPE OR PRINTI

Ralph Weber . M. D

230 BURIAL, CREMATION, REMOVAL

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ulia Divideon Pandage

CITY BALTIMORE

DHMH - 16 60M 7/84

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2b. HOUR 1987

IF UNDER I YEAR

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20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c DATE SIGNED

2/24/87

COUNTY MARY LANDE

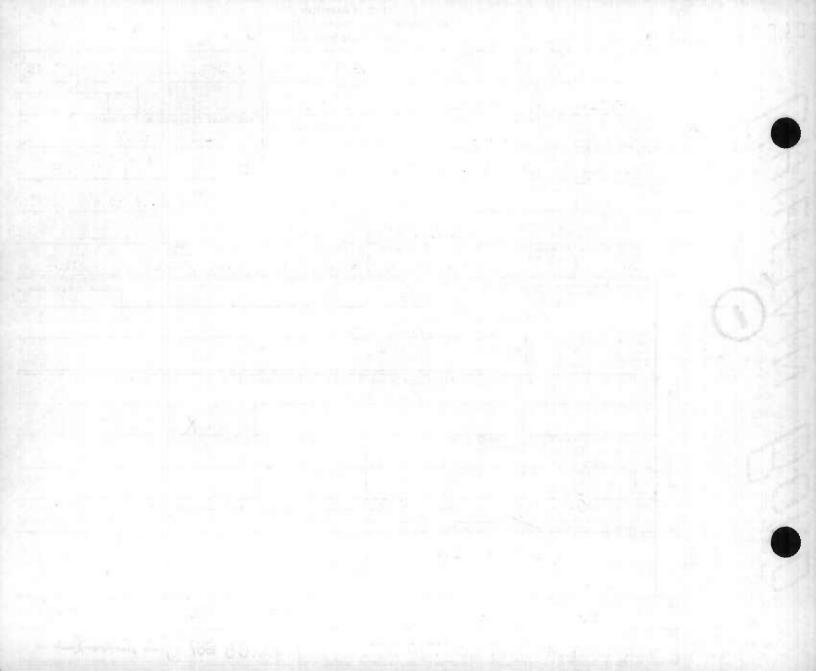
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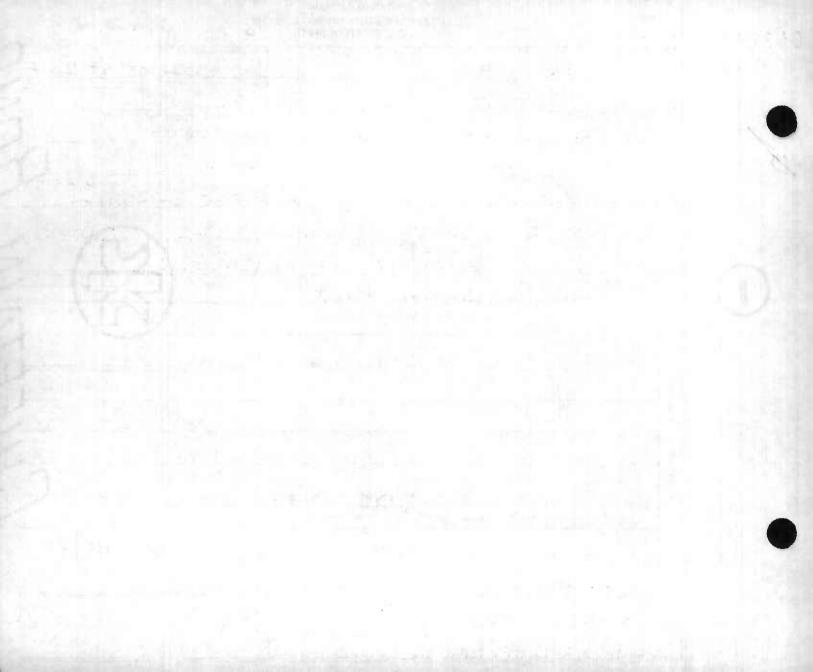
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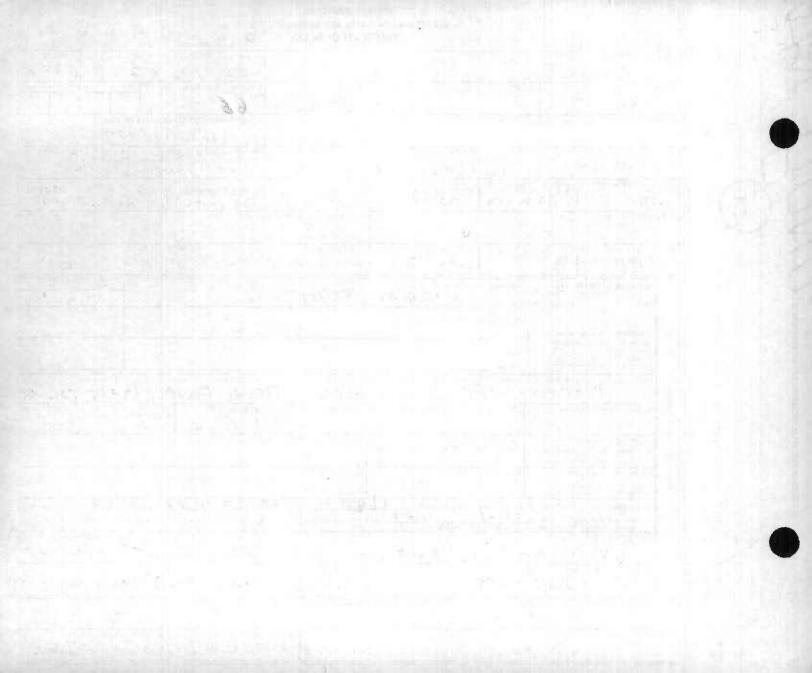
21209 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

AT HOME



					STATE OF MARYLAND		
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## - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH I. DECEASED NAME FIRST MIDDLE HINOM (TYPE OR PRINT) Rous MINNIE SEX 4 RACE 5 DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAY! Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH LISTATE OR FOREIGN MARRIED NEVER MARRIED WIDOWEDT DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY IN SUCH FACILITY, GIVE STREET ADDRESS) NURSING HOME OR OTHER INSTITUTION GRE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13d INSIDE CITY LIMITS? 14 FATHER 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21L LOCATION CITY OR TOWN AT HOME, STREET FACTORY OFFICE FARM ETC 1 STREET NOT WHILE AT WORK 27a | certify that (1) (this haspital) attended the deceased fram\_ saw the deceased alive an \_\_\_\_, and that in (my) (aur) apinian death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN [ DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 24 230 BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATOR 236 DATE

DHMH 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IF UNDER 1 YEAR

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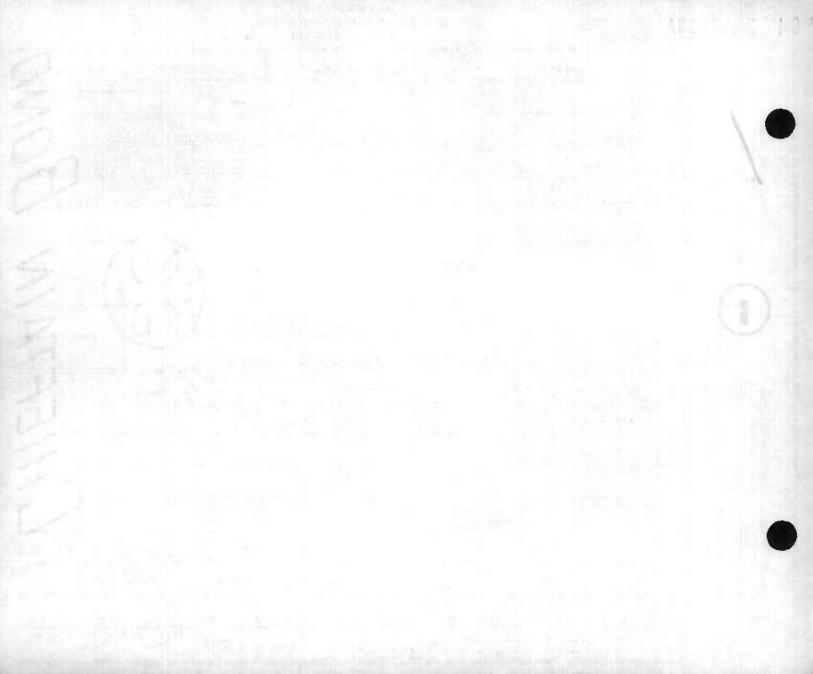
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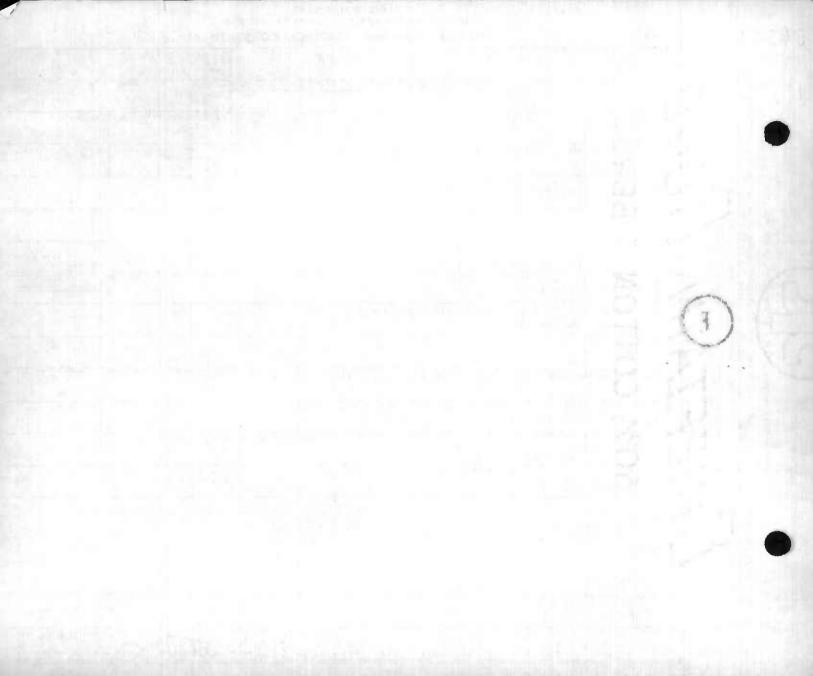
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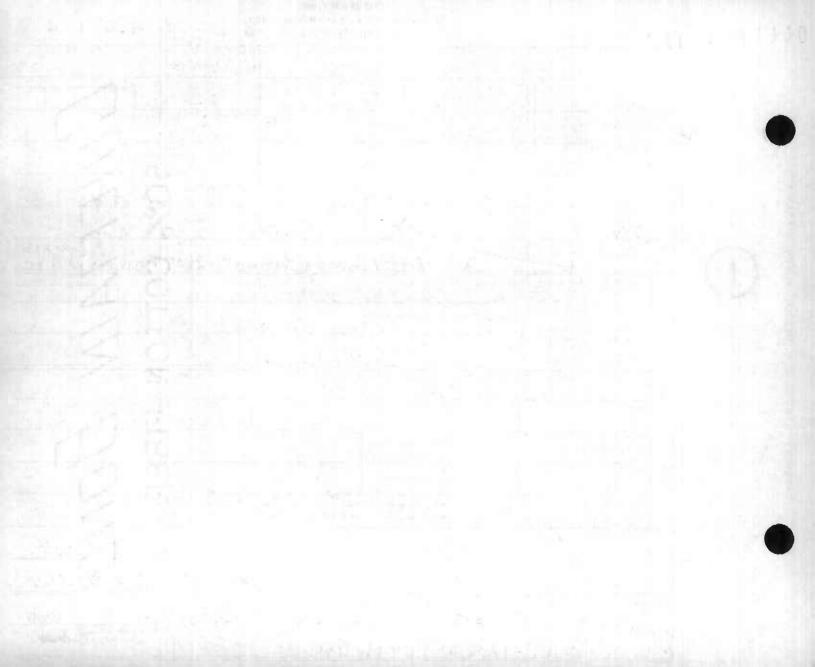


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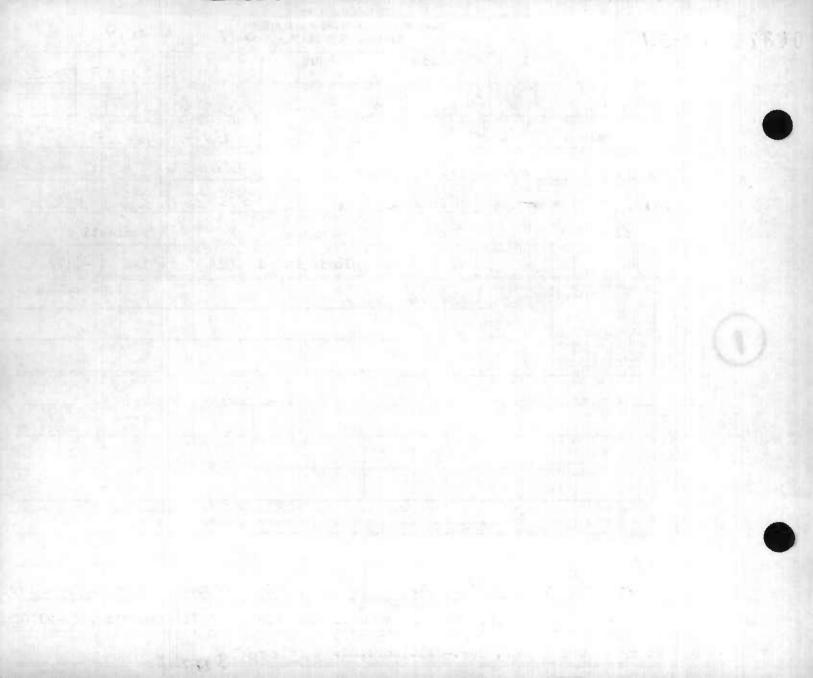
STATE OF MAKILAND



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PRESTON he death re- move car motion, our r froumotics		Conditions, if any, which	DUE TO, OR AS A CONSEQ	VENER OF	id auch	rad		
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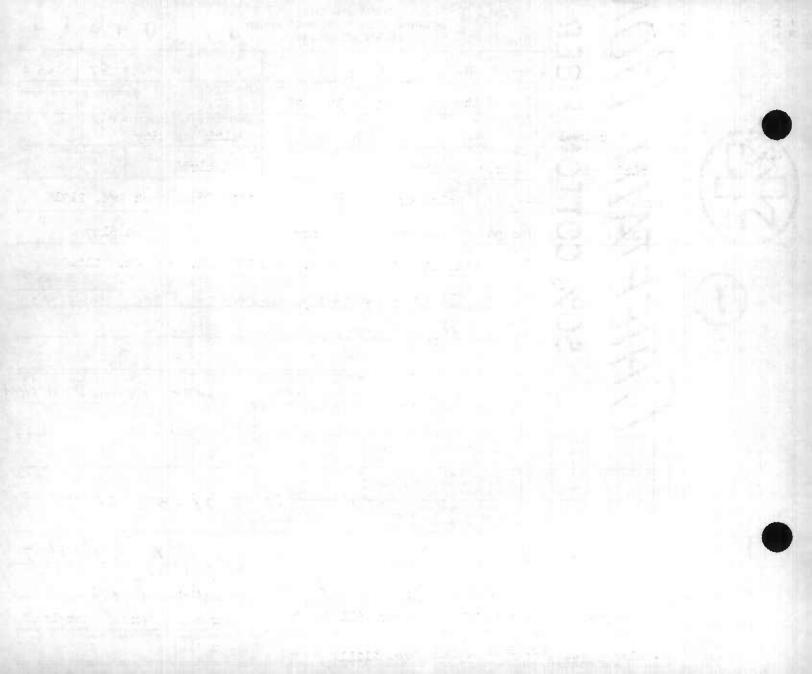
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moy be poge 3	{ TYPI	CEASED NAME FIRST	. Hours	RA	116	2 1	87 7:10			
ctor po	3 SE	Female	4 RACE White	S DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS N			
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the children gabys		18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).  PART 1 DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (a), string the DUE TO, OR AS A CONSEQUENCE OF  Underlying source (a).  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF								
The law requires that incon.  Is has been signed as the has been signed by green prior to burjol shows any injury, fir oth	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  Mor 6/d 8  19a DATE OF OPERATION	1 .1.	rictive	Was disease	200 AUTOPSY? 206 IF YE	VEN IN PART TIO			
uG PHYSICIAN Tottending physici ter this certificate is the bunal-transis hand Mental Hygi riked ar them 18 sh		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMIT 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	DEATH HOUR A.M. MONTH	19	21t. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 I	COUNTY STA			
O HOSPITAL OR ATTENDIN etained by the hospital or TO FUNERAL DIRECTOR: At should be detached for use, with the State Dept. of Healt MPORTANT. If hem 21 is ma		270 I certify that (I) (this has saw the deceased alive, above, (I) (we) (did) (did) 27b. SIGNATURE  Michael F.  27d. PHYSICIAN'S NAME (IVP.	spital) attended the deceased from ectile 22 natiview the body after death.  Bellinten 22 ECRPRITI	986.0		MEDICAL STAFF  DIRECTOR PHYSICIAN	19 F.Z., that (I) (we and from the causes state  22c DATE SIGNED  27-87			
BP		BURIAL CREMATION, REMOVA	AL 23b DATE	THE NAME OF	CEMETERY OR CREMATORY Sount Cremato	rium Baltimore	city, Md2T			
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR  Jenry Sander &	Sons, IncBa	Îtimor		TEREC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE			



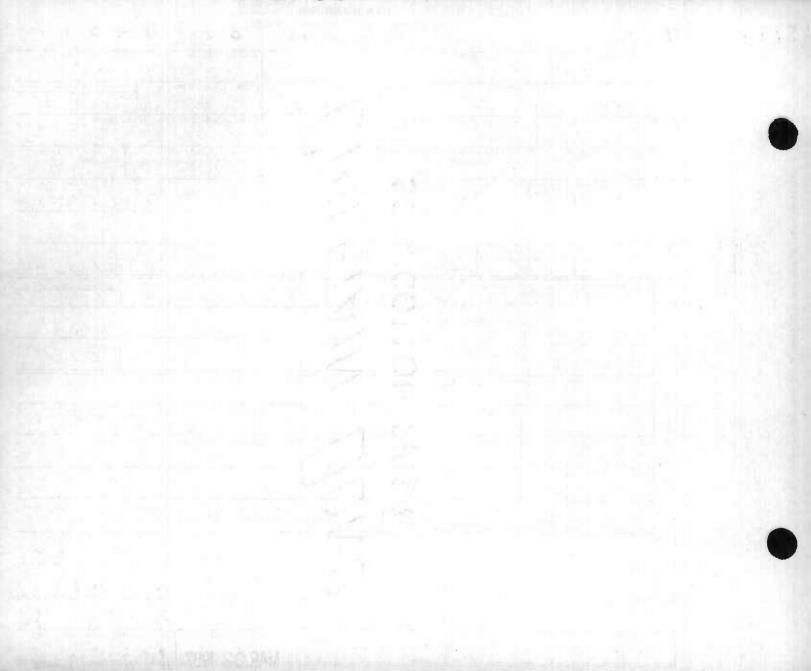
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE TU- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 DATE OF DEATH 26 HOUR 1 DECEASED NAME MONTH TYPE OR PRINTS H. 3:53 InerT 0 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR 1 SEX 02 26 12 White 60 Male **BALTIMORE CITY OR COUNTY OF DEATH** BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA Baltimore City WIDOWED A DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Mercy Hospital USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 3c CITY OR JOWN 13d INSIDE CITY LIMITS? 2427 Greenmount Ave. 21218 Baltimore Maryland YES X NO [ 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Shipley FIRST John Joseph Rebhan Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) 21218 Rosa V. Cook 3339 St. Paul St. 220-12-4826 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and ic-PART I. DEATH WAS CAUSED BY and lonespirater minures DUE TO, OR AS A CONSEQUENCE OF YPOTE 1510A Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION METRITATIC Carrindma 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOP IN CERTIFYING CAUSES OF DEATH? NO YES T 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21d INJURY OCCURRED 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. and that in (my) (our) opinion death occurred on the date and hour and from the couses stated saw the deceased alive on abave, (I) (we) (did) (did not new the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR MPORTANT 22d. PHYSICIAN'S NAME ITYPE OF PRINT) d b 236 BURIAL, CREMATION, REMOVAL 23h DAT NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Cedar Hill Cemetery 2/26/87 Brooklyn Park Maryland BP 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Jr. 3818 Roland Ave. 21211 Alan Seitz (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 2n DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR LIYPE OR PRINTI Early Reed 22 1987 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAYL IF UNDER 1 YEAR 1 SEX 4 RACE IF LINITED 24 MDS 20 Black BALTIMORE CITY OR COUNTY OF DEATH 7n. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY US Baltimore city WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12h KIND OF BUSINESS OR CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 314 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 13b COUNTY 13e.STREET ADDRESS /\_ZIP CODE 13d. INSIDE EITY LIMITS? Itimore 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME OLIVIA AUDDLE MIDDLE Ilman 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWNI (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY intarction Myocardia Ominute IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF atheroscherosis Conditions, if pny, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 40 years underlying cause Sustemie frugerten sion PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOV NO F 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) 7 In ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE BITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased aliveren and that if (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL WY PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS redence in Gessuer 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN STATE Buria! 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. Wm. Mc. March F/H 1101 E. North Avenue DHMH - 16 60M 7/84 (VRA 15, 4)



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ph popular mayal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly ane cause per ED BY TE CAUSE (a)	line for (a), (b), and	tic Cel	on Cance	0		BETWEEN	MATE INTERVAL		
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hos been prior to permit T per	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	196 CONDITION FOR WHICH OPERATION WA						FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO		
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Hy S		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	Y YEAR		LD (ENTER NATURE OF INJ.	AT THE ME TO TAKE				
offending physic lans: offending physic feer this certificate is the burial-transfer hand Mental Hyginked or flem 18 s	MEDICAL CE	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A./ R) P./ 21e PLACE (	m. month da m.	19 211 LC	OCATION STREET	CITY OR TO		COUNTY	STATE		
ILLENDING PHYSICIANS: Spiral or attending physical for use as the burial-tran of Health and Mental Hy 121 is marked or fem 18		OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDIC AL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22c. I certify that (1) (This hasp  saw the deceased alive at above (1) (We) (did) (did in	ATH HOUR A.I  R) P.I  21e PLACE ( (AT HOME STR	M. MONTH DA M.  DF INJURY  EET FACTORY, OFFICE, FA  deceased from	Y YEAR 19 211 (C	DCATION STREET , 19 8 7 n (my (aux) apinion c		own	87.	hat (1) (we)		
OK ALLENDING PHYSICIANS.  The hospital or attending physicians  ORECTOR After this certification  Check for use as the burial-tran  Dept. of Health and Mental By  If them 21 is marked or item 18		OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDIC AL EXAMINE 21d. IN JURY OCCURRED AT WORK NOT WHILE AT WORK AT WORK AT WORK 22a.1 certify that (1) (This hasp	ATH HOUR A.M. P.M.  21e. PLACE (AT HOME STR  11a) oftended the control view the body.	M. MONTH DA M.  DF INJURY  EET FACTORY, OFFICE, FA  deceased from	Y YEAR 19 211 LO C2/CK/ L and that DEGREE	DCATION STREET  19 87 In (my Vous) aprilion of	CITY OR TO	own, 19, ate and hour or	87.	hat (I) (we)		
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LOR A LIENDING PHYSICIANS the hospital or attending physic LORECTOR After the scentification tacked for use as the burial-tran to Dept, at Health and Mental Hy if them 21 is marked or item 18	WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE AT WORK  220.1 certify that (I) (this hasp saw the deceased alive at abave ((L) we) (did) (did in  22b. SIGNATURE  22d PHYSICIAN'S NAME (TYPE)	21e PLACE (AT MOME STR	M. MONTH DA M. DEFINJURY EET FACTORY, OFFICE, FA e deceased from O gather death.  1. D.  23c N	Y YEAR 19 211 LO 27 K  27 ARM ETC)  DEGREE	ATTENDING PHYSICIAN DORESS UNION MEMORY OR CREMATORY	to	own 19, 19, ate and hour or	87. Ind from the c	hat (h we) auses stated SIGNED		

STATE OF MARTLAND

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REGISTRAR ICDECEASED NAME

13. STREET ADDRESS / ZIP CODE Rd. 21239 Mast ADDRESS Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE (aur) apinian deoth accurred an the date and haur and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ COUNTY Burial STATE 2-28-87 Gardens of Faith Balto., Md. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Leonard J. Ruck, Inc., 5305 Harford Rd. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2:45P.M

12b. KIND OF BUSINESS OR

LAST

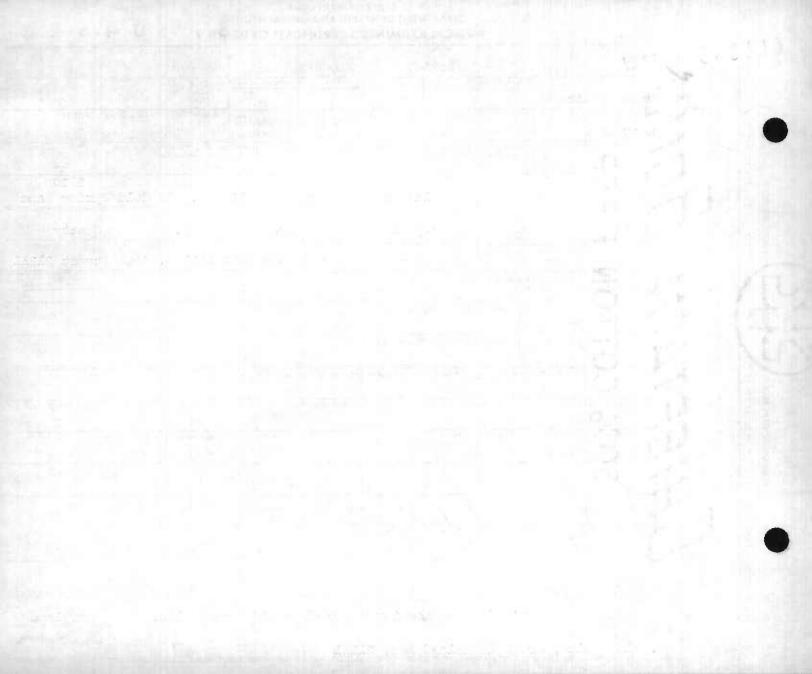
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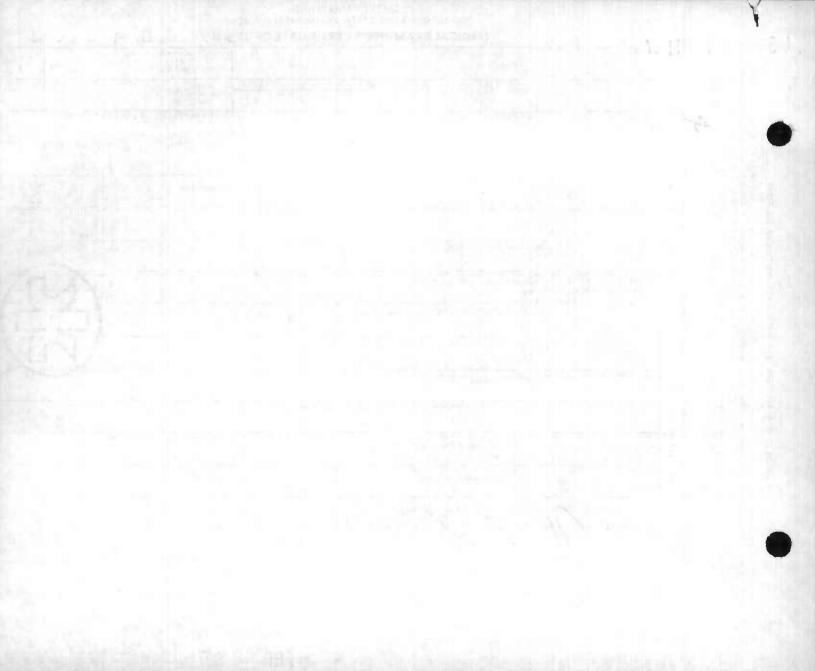
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH YEAR 2b. HOUR LTYPE OR PRINTI OF ESTI-IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5-FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET, Ellwood Reynolds 10/19 87 4 RACE 3 SEX S DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2:25 LAST BIRTHDAY) PRONOUNCED Male White 63 DEAD 10/19 87 YRS To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land U.S.A. WIDOWED DIVORCED Baltimore City, PAGE 5 ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Laborer Produce RETAIN PARTICULD BE Baltimore Hollins St. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD Anne Arundel BALTIMORE, MD. 21201 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 699 Holy Cross Road NO IX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Albert Revnolds Henry FILA May Wegworth 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 215-18-5538 Henry S. Schwinn Same as 13e No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION Chronic Obstructive Pulmonary Disease 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21e EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY Inspection X 220. I certify that I took charge of the remains described above, held on Autopsy Suicide death resulted from: Natural couses Accident Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL EXECUTE THE PAGE 4 SHOUT TO FUNERAL CATER DEATH APPENDENTH BATTER DEATH 2/11/87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. TYPE OR PRINT) ADDRESS. 23e BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 2/14/87 Loudon Park Cemetery STATE Burial Baltimore 07/84 BP 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE George J. Gonce 4001 Ritchie Hgwy Balto Md DHMH - 17 (VR A15 ME (5))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN 124 MONTH PTYPE OFFRINE ESTI-David DEATH MATED Keith 6 1987 Revnolds 4 RACE SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 1:241 Male White 09 09 79 DEAD YRS 16 1987 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED X Maryland IISA WIDOWED [ DIVORCED Baltimore City IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Johns Hopkins Hospital SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 21209 3a STATE BALTIMORE, MD. 21201 13h COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 1209 W. Old Cold Spring Lane Maryland Baltimore YES X NO [ 14. FATHER'S NAME 15, MOTHER'S MAIDEN NAME LAST MIDDLE David Reynolds Debra Beatty A. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) NO David Reynolds 1127 W. 40th Street 21211 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: (rifle) Gunshot wound of head IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 2TE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR KAN MONTH DAY UNDERLYING Subject shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) 1157 Gorsuch Ave. Baltimore WHILE AT WORK MD house X 22a. I certify that Took charge of the remains discribed above, held on Autopsy lnauery and in my apinion Hamicide X. Undetermined manner ITLE (SPECIFY) GE 4 SHOUN
FUNERAL D
TER DEATH, I Assistant MEDICAL EXAMINER 2/17/87 EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS PAGE TO FL AFTER BALTI Penn St. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY Burial 2/20/87 Lakeview Memorial Park Sykesville. 07:84 Maryland BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Rodges 25M 24 FUNERAL DIRECTOR **DHMH - 17** A. Alan Seitz, Jr. 3818 Roland Ave. 21211 (VR A15 ME (5))



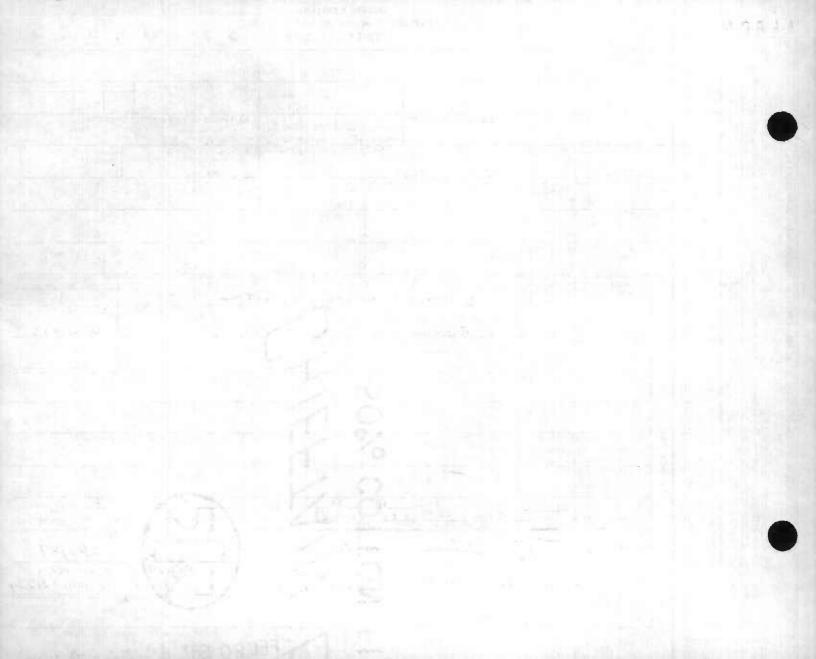
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH / REGISTRAR I DECEASED NAME 20 DATE KNOWN X 25 HOUR LITYPE OR PRINTI OF ESTI-H. Y IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. TAKES 5 FOR YOUR FILES. HE HED, WITHIN 72 HOURS. DEATH MATED MINNIE REYNOLDS R. 8 19 87 4 RACE 6. AGE IN YEARS IF UNDER 1 YR. 1 SEX S. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE DAY LAST BIRTHDAY PRONOUNCED 7,1899 87 DEAD 87 White 19 Female Dec. TO BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWEDXX U.S.A. DIVORCED Maryland Baltimore City M CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Housewife Home Baltimore St. Agnes Hospital AND RETAIN POULD BE USUAL RESIDENCE (JEIN N. RSING, ROME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 13a STATE 136 COUNTY Catonsville 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 1309 McCurley Avenue Maryland YES [ NO X H FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Moore Charles Griswold Letita Henry 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO ADDRESS YES, NO. OR UNKNOWN 1 (IF YES GIVE WAR OR DATES) Same as # 13 216-36-3908 D Walter Amass Sr. EXAMINER ALCING WILL PIAL - TRANSIT PERMIT P O MENTAL HYGIENE DN, OR REMOVAL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: Cranio-cerebral injury IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PAGE 4 SHOULD BE FORWARDED TO THE CHILL AS A BURIAL TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL AFTER DEATH (WITH THE STATE DEPARTMENT OF HEALTH AND MANATURE MARYDAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION Head Only 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 116. TIME OF INJURY
HOUR XX. MONTH DAY 21e EXTERNAL CAUSE WAS 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 2-3-Subject fell. 12:10M 10 87 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 214 INJURY OCCURRED AT WORK AT WORK STREET FACTORY, FARM, ETC 1 CITY OF TOWN STATE 711 Academy Rd. nursing home Balto. MD Headxonly remains described above, held an 220. I certify that I tail Autapsy death resulted fra Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 2-9-87 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Druid Ridge Maryland Burial Pikesville 07/84 25M Leroy M. & Russell C. Wiotzke Funeral Homes P.A 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** dia Dividen Po (VR A15 ME (5)) 1630 Edmondson Avenue, Catonsville, MD.



red within 24 hours after death Page 4 may be ampletely filled in by the funeral director page 3 and befiled within 72 hours after death and 100 cm.	Undetermined  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  CITY OR TOWN OF DEATH  BALTIMORE  UAL RESIDENCE   IF NURSING HOME OR STATE  Gregory  WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN)   (IF YES GIVEN HES NO OR UNKNOWN)   (IF YES GIVEN HES NO OR UNKNOWN)   IF YES ALL RESIDENCE   IF YES GIVEN HER IN THE OR IN TH	MIDDLE  TRACE  White  The CITIZEN OF WHAT COUNT  USA  II. NAME OF HOSPITAL, NUI  (IF NOT IN SUCH FACILITY, GIVE ST  JOHNS HOPKIN  OTHER INSTITUTION, GIVE RESIDENCE BIL  NITY  OLL  MED FORCES?	RY? B MARRIED N WIDOWED NESTING HOME OR OTHE REET ADDRESS)  SHOSPIT. FORE ADDRESS)  SHOSPIT. FORE ADDRESS)  IS MO  IS MO  CCURITY NO. 17 INF	ARD  1987  EVER MARRIED  D MORCED  ER INSTITUTION  AL  SIDE CITY LIMITS?  NO D  THER'S MAIDEN NA  FIRST  Elaine  ORMANT	REG. NO  20. DATE OF DEATH N  FEBRUARY  6. AGE (IN YEARS LAST BIRTH  1. BALTIMORE CITY OR  BALTIMOR  120 USUAL OCCUPATIO  (1YPE OF WORK FOR MOST OF  7609 Mathi  ME  MIDDLE	2, 1987  2, 1987  HDAY)   IF UNDER LYE   VERY   VER	8:29 A
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ATTENDIN spital or of CTOR. Aft I for use or of Health	sow the deceased alive on above (1) (we) (did) (did no		()1	n (ny)(our) opinion	death occurred on the dat	te and hour and from t	_, that() (we) lo
TAL OR, yy the how the how the house detached detached tote Dept. If then	22b. SIGNATURE	Lathum-	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	FN CO	ate signed 26 2, 19
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230.	BURIAL, CREMATION, REMOVAL	The state of the s	3c. NAME OF CEMETER		23d LOCATION	COUNTY	a STATE
BP	Burial	Feb.10,1987	Lake Vi	ew	Sykesv	ille, °Mar	yLand
DHMH - 16 60M 7/84	FUNERAL DIRECTOR	ADDRE	55	FEB	13 1987	Sh REGISTRAR'S SIGN	ATURE

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64 113 2	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / REG. NO.	14625
	I. DECEASED NAME FIRST	WIOOFE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 26. HOUR
poge 3	JOHN	J.	RICHARDSON	2	6 87 10:30 <sup>A</sup>
3	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
0 51	Male	White	3 8 09	77 Y	rrs.
10 25 hou	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. Baltimore City or Col	UNTY OF DEATH
Pod (	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION TAGORESSI	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	ING LIFE) 126. KIND OF BUSINESS OF
	Balto.  DSUAL RESIDENCE OF NURSING HO	3113 Fleet St	RE ADMISSION)	Seaman	Merchant
Solino Company	Maryland 14. FATHER'S NAME FIRST Calvin	OUNTY 13c. CITY OR TOV  Balto.  MIDDLE LAST  Richar	YES NO S	3113 Fleet  ME  MIDDLE	St. 21224  LAST Frev
1	160 WAS DECEASED EVER IN U.S			119 ADDRESS	Hampshire Rd.
JE /	No	213-09-	2241 Ms. Audrey		dia .
re prior to burial, cremotion	Conditions, if ony, whice gove rise to immediate couse late storing the underlying cause last PART 2 OTHER SIGNIFICATION  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN	DUE TO, OR AS A CONSEOU	9	200 AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
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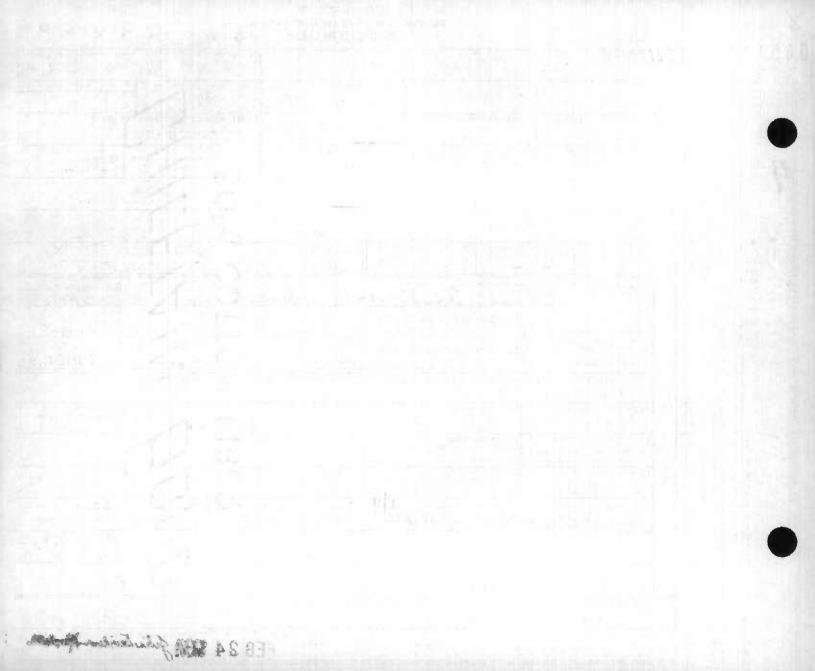
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of o	3 ₹	23a. E	URIAL, CREMATION, RE	MOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION		COUNTY	STATE
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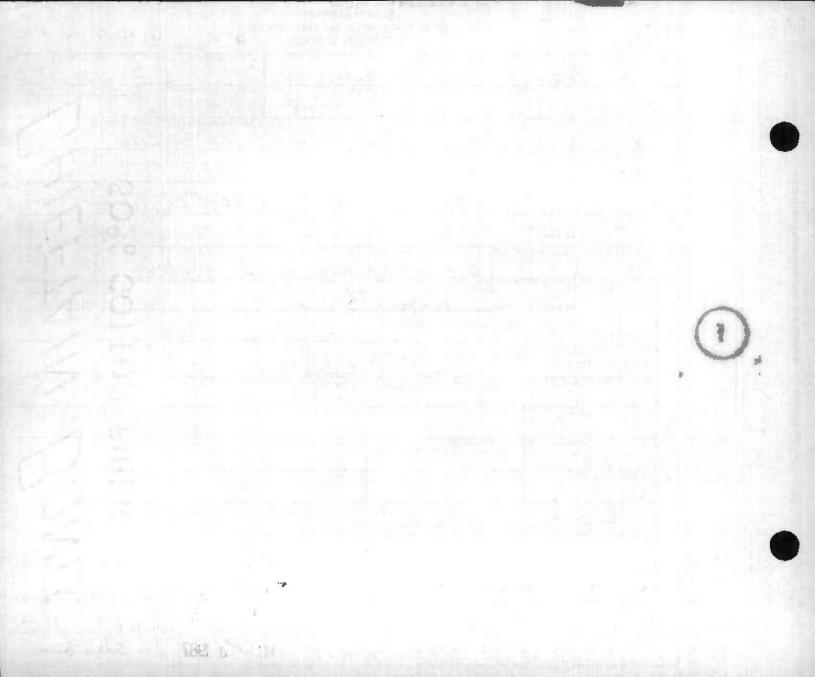
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BP	230. BURIAL, CREMATION BURIAL 24. FUNERAL DIRECTOR	FEB.15	,1987 BETH	TFILOH	BALTIMORE	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	NAME	TERSTOWN RD.	N & BROS., INC BALTO., MD	21215	B REC LOBY RECUSTRAR MA	REGISTRARIS STONATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH VEAR 26 HOUR CARRIE TERES A 07:50P RITTASE FEBRUARY 14, 1987 3 SEX 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS Female Caucasian 29 1907 Aug. 79 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. BALTIMORE CITY WIDOWED DIVORCED [ 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Seamstress JOHNS HOPKINS HOSPITAL Clothing BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR LOWN 13d. INSIDE CITY LIMITS? 30 Locust Street/21157 Westminster Maryland Carroll MATHER'S NAME 15 MOTHER'S MAIDEN NAME SIDST LAST MIDDLE FIRST MIDDLE Smith Weishaar Herbert Sarah 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 2409155 Albert Rill Rd. LYES NO OR UNKNOWNS HEYES GIVE WAR OR DATEST 216-05-2125 Hampstead, MD 21074 Marlin L. Rittase APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. 5 MIN IMMEDIATE CAUSE (8 DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 POSTA 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART FOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from the deceased alive on and that in (my) (our) opinion death occurred on the date and have and from the causes stated above. (1) (we) (did) (stid out) view the bod DEGREE 22c. DATE SIGNED ATTENDING MEDICAL O FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS oods teil 0 43 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Taneytown, Carroll, MD BP Buria1 24 FUNERAL DIRECTOR Baltimore St. DHMH 16 60M 7/B4 Taneytown, MD 21787 Skiles Funeral Home (VRA 15, 4)



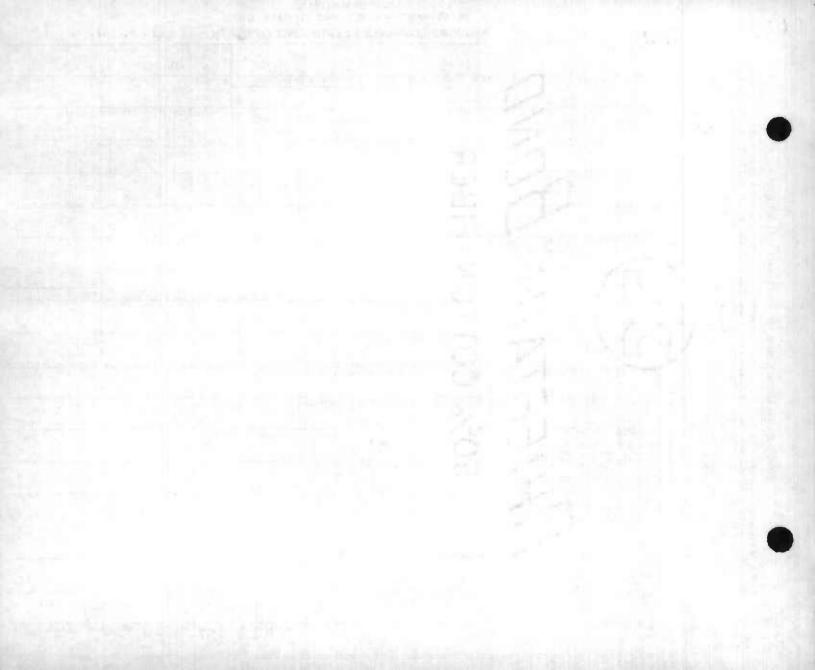
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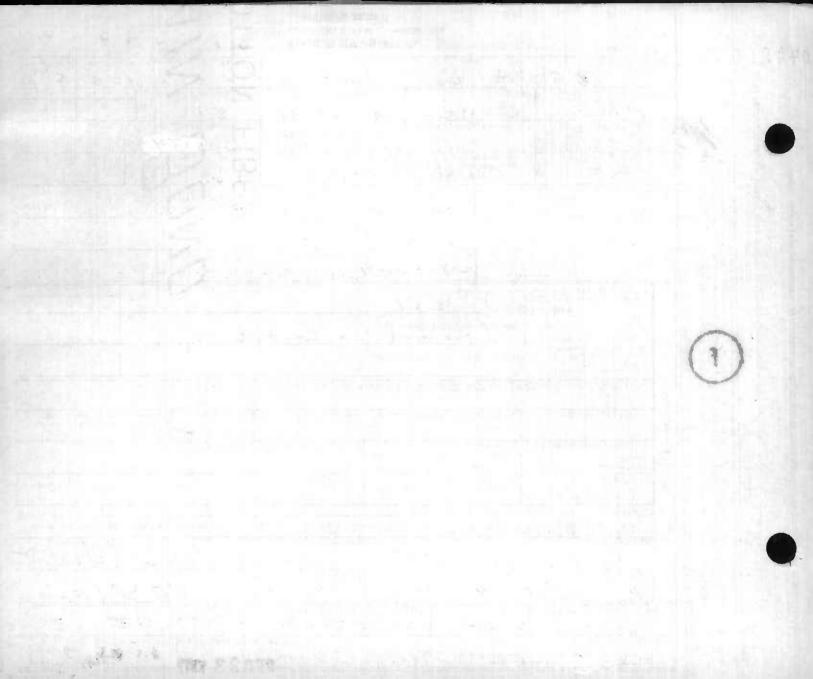
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	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH TI BATTER DEATH, WITH TI		(TYPE OR PRIN		lliam				ADDRESS	l Penn		Dd.	lto.MD.	
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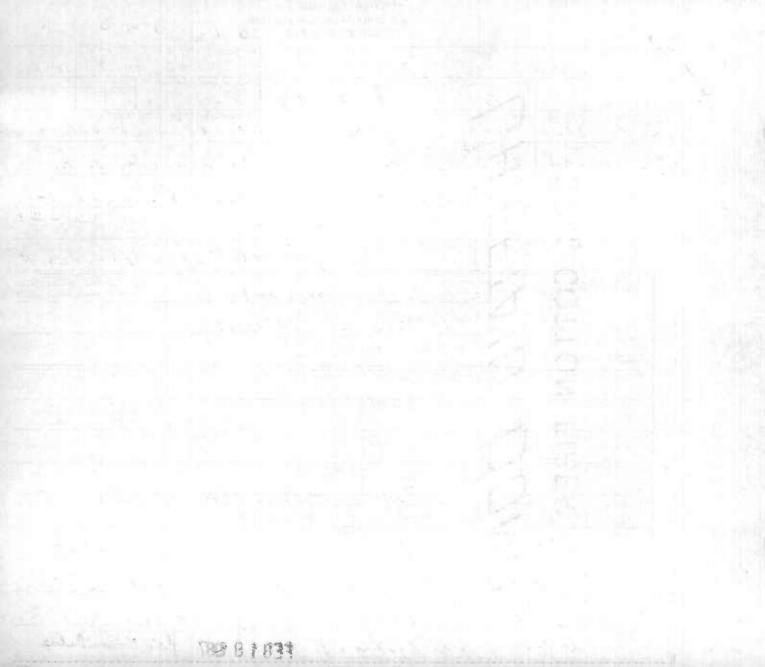


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR TOECHASED NAME 20 DATE KNOWN X MONTH 75 HOUR ESTI-Thelma Marie DEATH MATED Rode 2-14 1987 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR -----Female White PRONOUNCED 8:00 1087 DEAD 2 - 14a . M THE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH A RIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City, WIDOWED EX DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION CTYPE OF WORK 126 KIND OF BUSINESS HOUSEWORK Baltimore 816 S. Conkling Street SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STORET ADDRESS! Conkling St. 21224 Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Weinrecht Joseph Blanche 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. QR UNKNOWN) (IF YES, GIVE WAR OR DATES) Harriet Fraser 816 S. Conkling St. 21224 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cancer of Colon IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, FIC.) CITY OR TOWN WHILE AT WORK AT WORK COUNTY 220. I certify that I took charge of the remains described above, held an Notural couses XX death resulted fram: Homicide Undetermined manner TITLE (SPECIFY) CR 4 SHOU FUNERAL D TER DEATH, LIJMORE, M. ACTUAL Assistant MEDICAL EXAMINER 2-16-87 EXAMINER'S NAME William M. Zane, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 24 D 4 4 230. BURIAL, CREMATION, REMOVAL 236 DATE 2-17-87 23c. NAME OF CEMETERY OR CREMATORY Baltimore (ity, "Id. 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE harles S. Zeiler & Son Troc. 901 S. Conkling St **DHMH - 17** (VR A15 ME (5))

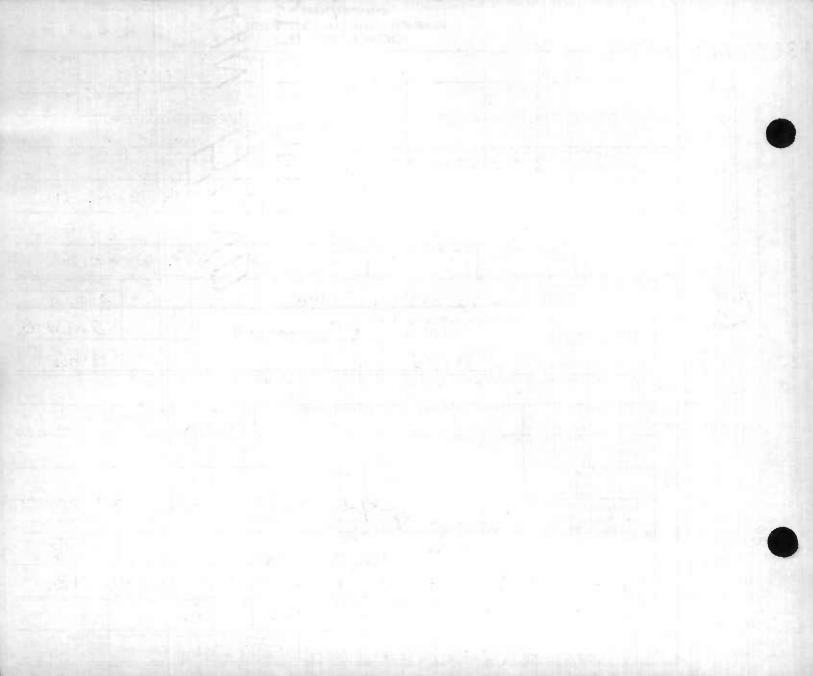
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pe Pe	(1117)	Lizzic	Roge	.( S	0	2 11	87	1010 A M
шох	3. SE	4. R	ACE S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
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oth. P	1	RTHPLACE (STATE OR FOREIGN 76. COUNTRY)	CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW	DIVORCED	BALTIMORE CITY O	my unto		4 MD.
offer d	10 C	TY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME		12a. USUAL OCCUPATION	F WORKING LIFE) IN	DUSTRY '	BUSINESS OR
120	USU		ER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		1601 410	wiron	14.1	~
AND 2	13a :	STATE IN COUNTY	ER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP/CODE	ser	54
MARYL/	14 F/	THER'S NAME FIRST MIDD	CIVE CIVER NO	15. MOTHER'S MAIDEN NAM			21	1223
IMORE, r		VAS DECEASED EVER IN U.S. ARMED (15, NO OR UNKNOWN) (15 YES, GIVE WA		Ain y Sus	ADDRE		. 64	en A
MALT Market		18 CAUSE OF DEATH (Enter only or	ne cause per line for (a), (b), and (c).1				APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
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ON S ding or to or to			DUE TO, OR AS A CONSEQUENCE OF	0	1		TEIT	
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A	E E	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURE			R PART 2)	
9 34 44 EM		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The law requires that the death certificate be executed within 24 hours retificate has been signed by the out fear this certificate has been signed by the out fear ching on ond dampletely filled in by as the buriol-transit permit. Then please removes the buriol-transit permit. Then please removes the buriol-transit permit. Then please removes the medical cardinates and a shown only injury, or ather traumidite event, the medical examiner mixits has a shown only injury, or ather traumidite event, the medical examiner mixits has been seen and the medical examiner mixits has been seen as the property of the prope		Conditions, if ony, what gove rise to immedicouse to), stoting	CAUSE MEDIAT	DUE TO, O	RAS A CONSEC	DUENCE OF DCOCE	Fail al Pn	uk lumo	na .		2 4	and interval and death gut nontly nos.
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DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME  Larch Funera	1 Но	omes 11	.01 East		Avenue	Sent Arm	B 1 1 1987	25b. REGIS	TRAP'S SIGNATU	Randath



DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

24. FUNERAL DIRECTOR

Burial

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

236 DATE

23c NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

BY REGISTRAR 256 REGISTRAR'S SIGNATUR 250 DAIE REC'D.

Baltimore

2b HOUR

126 KIND OF BUSINESS OR

Chapman

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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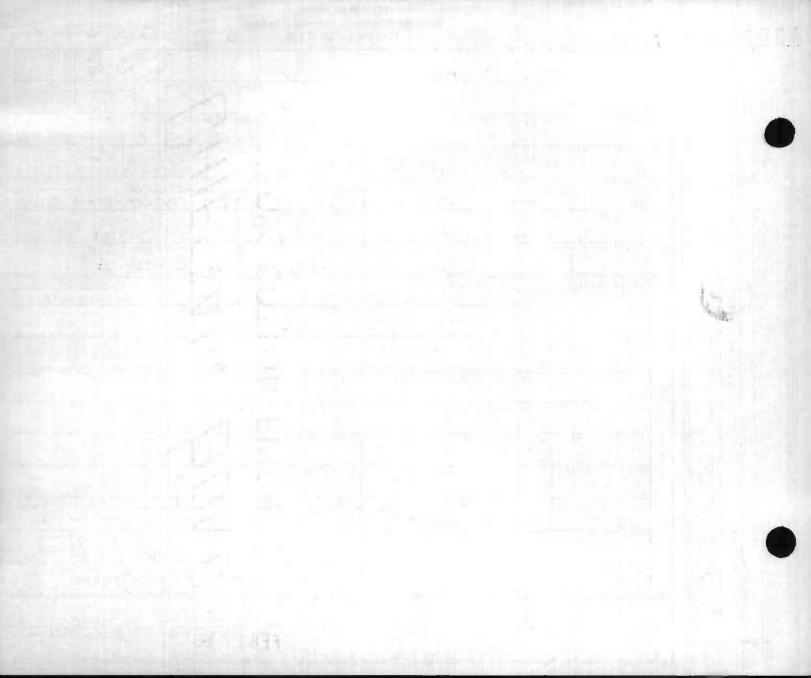
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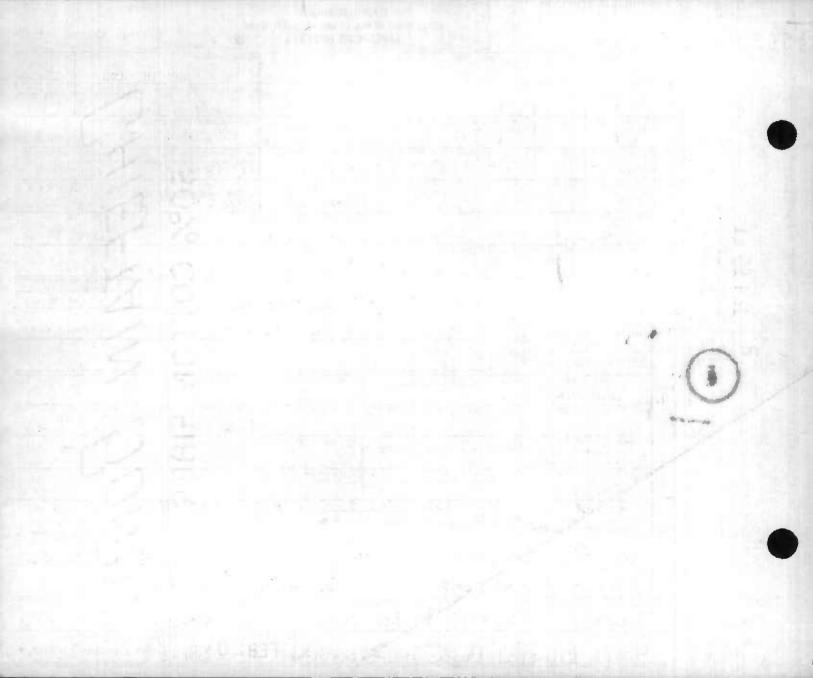
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13933 FFB 13	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	8 / 0	4531
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Po P	To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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A da the	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
is of the second	BALT.	SINAI HOSP. O	F BALTIMORE	North Charles Ge	
db db	USUAL RESIDENCE (HENURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE BEFORE AD	MISSION)  13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
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RYI H	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
A 2 1000	J. Le	ster Gibb	Alice	M. Mat	hias
SE S	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURIT	TYNO. IT INFORMANT Balt	imore ADDRESS MD	21207
IWO	No -	250-58-22	95 Thomas D. Ro	se, Jr. 8307 Tin	sley Rd.
A TANK	18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b), and ()	C1.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS,  NG PHYSICIAN. The law requir offending physician. Wher this certificate has been sig os the buriol-fronsit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows any injury	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO N
N. Thysicio	210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	
SICIAN Be phy certific riol-tre entol H ltem 18	OR CONTRIBUTING TO CAUSE OF DE		YEAR		
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hos A hos A hos A hed hed hed ept.	276. SIGNATURE		DEGREE		224. DATE SIGNED
the Date of Tree D	( Tano.		M.D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/9/87
HOSPIT MAS IN THE STATE OF TANKER	274. PHYSICIAN'S NAME (TYPE	OR PRINT)	27e ADDRESS	1.64 60 24.3	
HOS oined Promised Poetr	( ) HARLES	A. PACO	C/O SINAI	HOSA OF BALL	RING ZIZIZIE BAU
24 2513		236 DATE 23c NA	ME OF CEMETERY OR CREMATORY	23d LOCATION	
	230 BURIAL, CREMATION, REMOVAL	L 130 DATE 13C IVA	THE OF CEMETERS ON CREMINIONS	CAN OR ACT	
BP	(SPECIFY)			Marionville N	orthampton VA
	(SPECIFY) Burial		Bank Baptist Ch.	Marionville N	orthampton VA



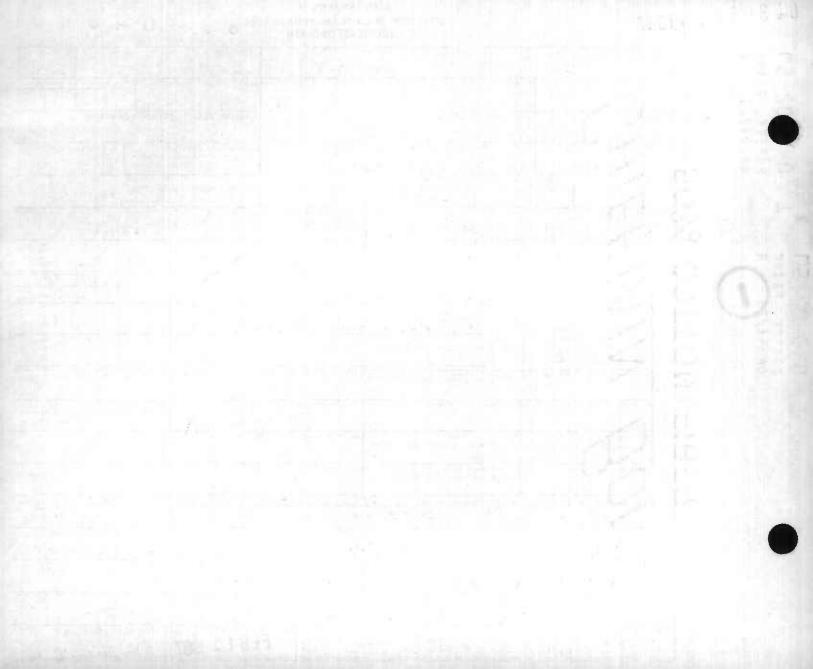
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) LOUISE ROSE FEBRUARY 18. 1987 12:30M F IF UNDER 24 HRS 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HOURS MONTH YEAR TO BIRTHPLACE ISTATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE WIDOWED DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IB CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR THE JOHNS HOPKINS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE INEMP. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21213 136 COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES TYP NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Darro V ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) S. Exter ST APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY gram negat 10 das IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF ract intection urmary Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 maluut 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO SE 21 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM LB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY OFFICE, FARM ETC ) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (this hospital) attended the deceased from saw the deceased alive an FC 18 above, (1) (4) (did) (did) (see 1) view the body after death , and that in (aur) apinian death accurred an the date and have and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MD Pho MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 00, n WOLFE ST Hopieins Hospital CARBONE 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION COUNTY DHMH - 16 60M 7/84 (VRA 15, 4) MOIE. North Aus.



1 1 0 7 FED 1-	12	FOR STATE		DEPART	MENT OF HEAL	TH AND MENTAL	HYGIENE	8 7	04	5 3 5
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seen signed by the Then plants and to buriel or my righty, or off	CATION	PART 2. OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO		14.21		AUTOPSY?	206. IF YES, WERE FIN	DINGS USED
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ATTENDING copinal or of ECTOR, att at for use in it of Health in 21 is may		22a.t certify the (1) (this town the disceased alimental we) (did) (	haspital) attended t			. 17	, to pinion death a	t = 21	e and hour and from 1	he causes stated
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O HOSPITA HIGHER BY NO FUNERA THE SHI			MRACUS		C.H YX	300€.			O ND.	21218
BP		BURIAL, CREMATION, REMO SPECIFY) Removal			NAME OF CEM	ETERY OR CREMAT		LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	UNERAL DIRECTOR  NAME  Anat	omy Board	ADDRESS	Balto	., Md.	FEB 1	1 1987	LLA Devider	



143952 FEB						STATE	OF MARYLAND					279
TO DE TER	18-	OFOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	0	4	O 6	4 0
Amon 2014 2014		EASED NAME	FIRST		MIDDLE	L/	AST	20 DATE OF DEATH		DAY YE	AR 2b	HOUR P
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35 36		RTHPLACE   STATE OR I	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY			Н	
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T. 97	10 CI	Y OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120. USUAL OCCUPA				SUSINESS OR
060.00		BALTIMORE		THE JO	HNS HOPKI	NS HO	SPITAL	Forema		Wat	ter	Front
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是	14. FA	THER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		TITLE	LAST	
E C	F:	rank <sup>FIRST</sup>	Paul	R	ostek, s	r.	Carrie		Pi	Letrusk	(a	
dical and	16a W	AS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	-	RESS		1117	
E E		Yes	Mortq	War II'	215–18–3	240	Elizabeth Ro	stek / 407	S. W			
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bee mit.	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF	YES, WERE FE	NDING!	S USED
TALR The The Inciding the house the house shows	RTIF							YES NO		YES 🗌	1	NO 🗌
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NDIR R. Af Use o Vse o is mo		22a I certify that (I)				2	19.87			. 19 8	子, tho	ot (I) (we) lost
ATTE Spito CTO d for of h		sow the decease	did) did not	2 / ( a ) view the body	after death.		d that in (my) (our) opinion o	death occurred on the	date and h			
OR been of the the	5	22b. SIGNATURE	0. 1				DEGREE ATTENDING _	MEDICAL ST	AFF		DATE SIC	dia m
4 4 4 5 5 5 1		22d. PHYSICIAN'S N	Cour	re	V	ud p	FITTSICIAN L	DIRECTOR PHYS	SICIAN A			-82
TO HOSPITAL TO FUNERAL Should be determined by the Soften				CARBO			Johns He	N. WOLFE S	T. BA	LTO, M	ID, 2	21205
7 5 7 5 3 3	230 B	URIAL, CREMATION,	REMOVAL				METERY OR CREMATORY	23d LOCATION		COUNTY		STATE
BP		Burlal		February	14,1987 St	. Stan	islaus Cemetery	Baltimore			aryla	and
DHMH - 16 60M 7/84		NERAL DIRECTOR  11y & Zeiler	Too	/ 1001 =	ADDRESS	/ 040		EB11 too				Ê
(VRA 15, 4)		TTY α ZELIEI	, IIC.	/ 1301 F	astein Ave.	1 212		EB11 198	1 9	ulia Deor	dia	2



	1				STAT	E OF MARYLAND		CONTRACTOR IN
6145 MAR-9	1-	FOR STATE REGISTRAR		DEPART	CERTIF	ICATE OF DEATH	REG. NO.	4091
OTTO DATE (		CEASED NAME FIRST		MIDDLE	,	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oge 3		MALA	CHE Mala	chi Ross	R	055	2	25 87 5:17 AM
E 6 6 7	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
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å = 2		RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OR COU	
the coth		outh Carelina	USI	4	WIDOWE	,	BALTIMORI	E CITY MD
er d		TY OR TOWN OF DEATH	11. NAME OF H			OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
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be to the		AL RESIDENCE (IF NURSING HO)		GIVE RESIDENCE BEFOR	RE ADMISSION)		In other theorem the	
24 t	2	MARYLAND	OUNTY	BALT IM	ORE	134 INSIDE CITY LIMITS?	2420 HURSN	ST / 4225
thin thin iner		THER'S NAME				15. MOTHER'S MAIDEN N	AME	/
XXX de de		HAYES	MIDDIE	ROSS	5	LIZA	MIDDIE	COTTON
e s s s s s s s s s s s s s s s s s s s		VAS DECEASED EVER IN U.S		166 SOCIAL SEC		17. INFORMANT	ADDRESS	
Poge ex	1	YES, NO ORJUNKNOWN)	S, GIVE WAR OR DATES)	251261	1023	Ruth Ross	2420 Huron St.	
re be	-		or only one says ner				THE MOTOR DE.	APPROXIMATE INTERVAL
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sign hen to be	Z	PART 2 OTTER SIGNIFICA	141 COMBINOMS <u>CC</u>	SINTRIBOTING TO	DEATH BOT	NOT KELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART HO
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TTENI TOR for us of He		saw the deceased aliv	e on Pes >	19_		, , , ,	n death occurred on the date and	
RECT SECT PP		abave, (1) (we) (did) (di 27b. SIGNATURE	d not) view the body	after death.		DEGREE		22¢ DATE SIGNED
the the bolt		3 Punen	41			ATTENDING	MEDICAL STAFF	2/25/87
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						MA	1102 1001 0	

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STATE OF MARYLAND FOR STATE

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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BY REGISTRAN 236 REGISTRAN'S SIGNATURE

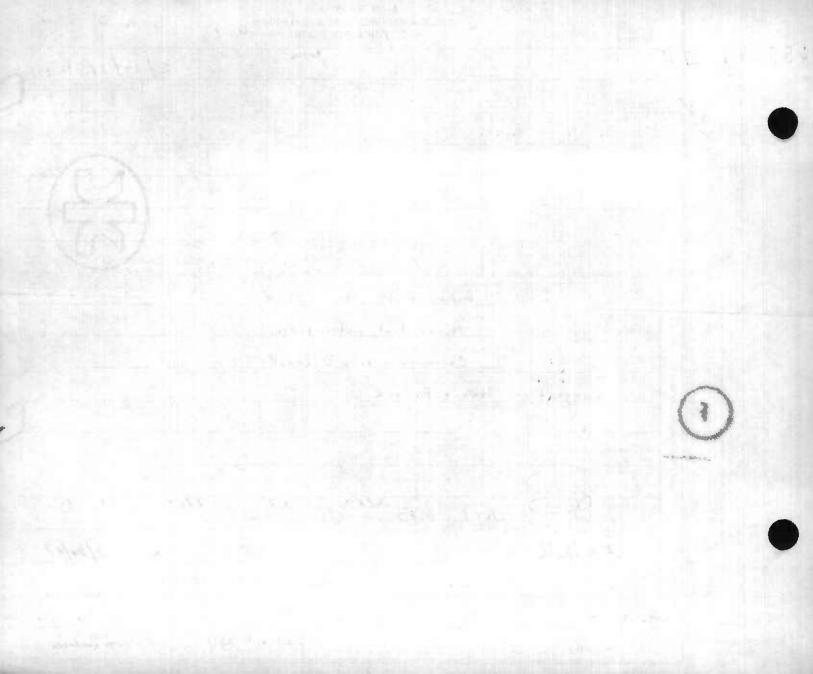
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3 SEX			4 RACE		5. DATE C		V6.10	6 AGE INY	EARS LAST BIRT	THDAY)	IF UNDER 1	VEAR	HOURS	24 HRS MIN.
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IO CIT	Y OR TOWN OF D	EATH		OSPITAL, NURS		R OTHER IN	NSTITUTION	120 USUAL	OCCUPATION FOR MOST OF				BUSINE	SSOR
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1								YES 🗌	NO		ES	0363 (	NO [	
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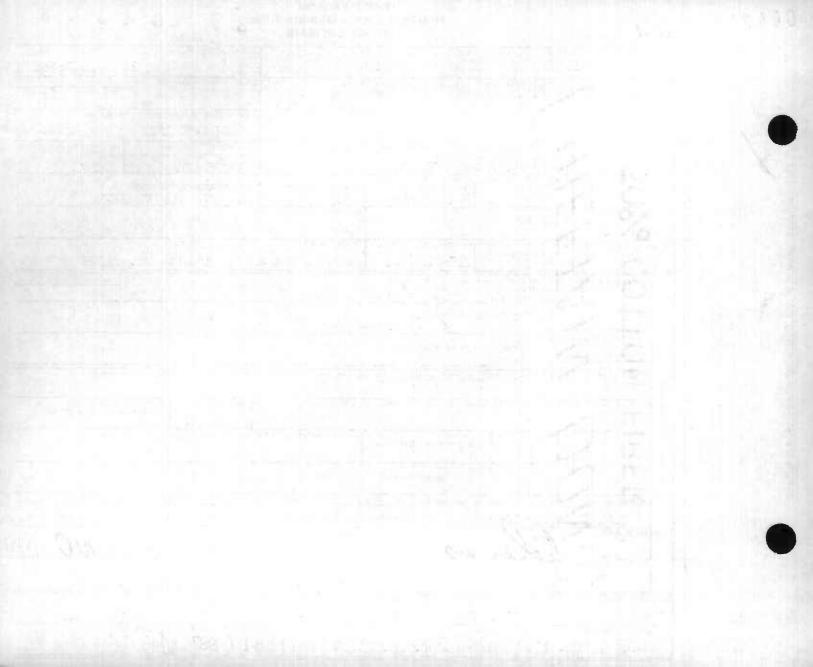
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24 FUNERAL DIRECTOR

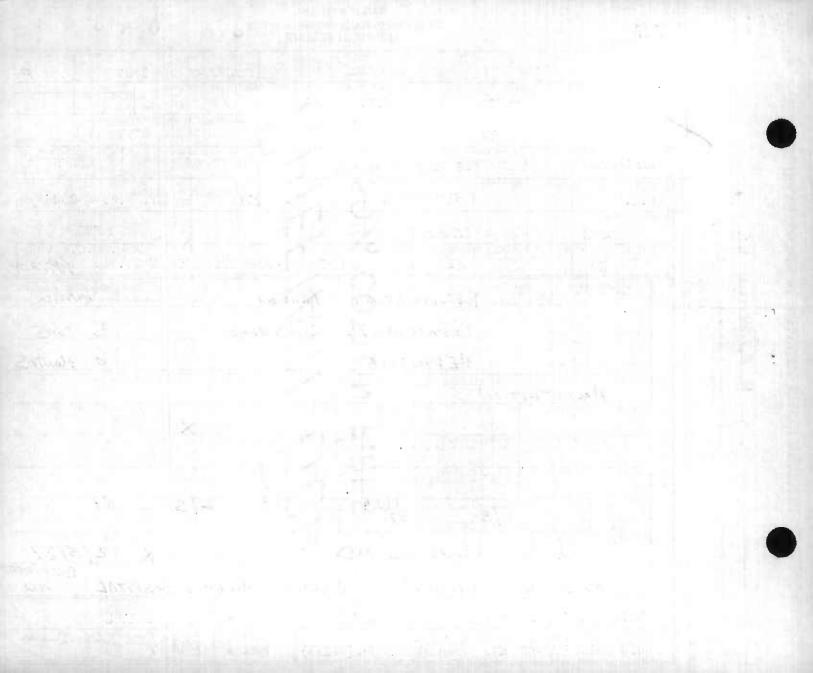
Burgee - Henss Funeral Home Baltimore, Md.



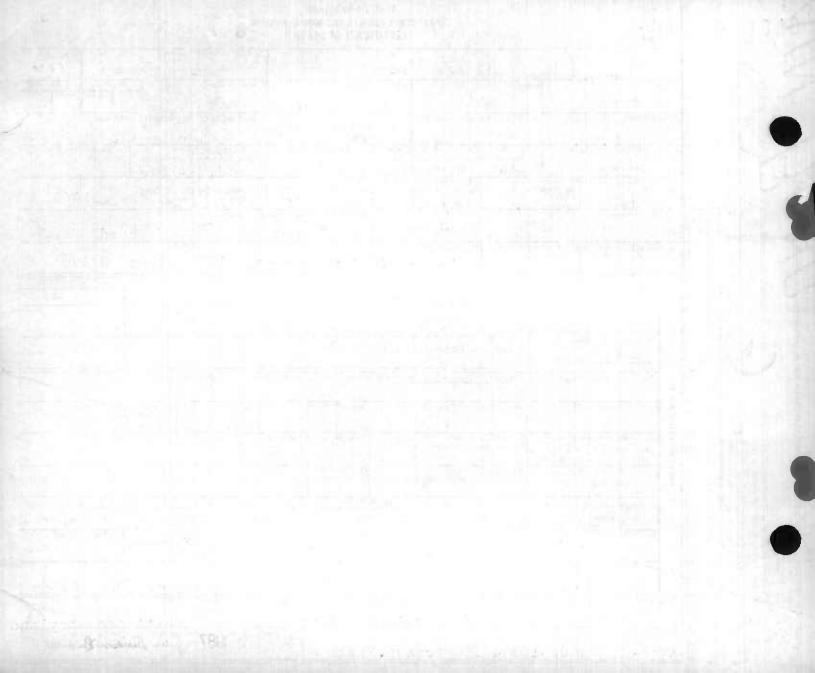
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S. Per	IA	·			1011 4420 A10		
ysic ope ope ovol		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one cause per line far (a), (b), and	/		BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEA
to one			E CAUSE (a) Card	iac arrest			
or representation				NICE OF			
+ C C C C C		C150 3	DUE TO, OR AS A CONSEQUE	ected MI			
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by by cose		underlying cause last.	(c)				
signed hen ple no burio	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PA	ART 11a
y in	CERTIFICATION	190 DATE OF OPERATION	TIME CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE I	EINIDINIOS LISED
of dego	2	198 DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPST!		AUSES OF DEATH?
he he he	ł∄				YES NO	YES [	NO 🗌
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HYSICIAN: The ding physicions is certificate burial-tronsit Mentol Hygie or frem 18 sho	18	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	211 LOCATION			
the but the bond W	MEDICAL	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOV	vN COUR	NIY STATE
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S + S S S S S S S S S S S S S S S S S S			al) attended the deceased fram_				, that (l) (we)
Porto Porto		saw the deceased alive on above, (I) (we) (did) (did not	19 19 19	, and that in (my) (aur) apinion	death occurred an the da	te and hour and lic	im the causes stated
REC REC		22b SIGNATURE	//	DEGREE		220	DATE SIGNED
T Don H		10	V	ATTENDING _	MEDICAL STAF	1	MIN 211
RAL der	1	/ (0	cer wy	PHYSICIAN	DIRECTOR PHYSICI	AND	110 -11
HOSPITAL ned by t FUNERAL old be det o the Stote		22d. PHYSICIAN'S NAME TYPE OF		22e ADDRESS			
		DR: CR IG	COLE	900 Caton A	ve. Baltimon	re. Md. 2	1229
Of Of MAN	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d LOCATION		
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BP			02/19/87 Me	adowridge Cemetery	Dorsey	Howard	Md.
HMH - 16 60M 7/84		UNERAL DIRECTOR			E REC'D. BY REGISTRAR		
(VRA 15 4)	A	mbrose, Inc. 13:	28 Sulphur Spr.	Rd. 21227   FF	B 1 7 1987	Julia Devido	on. Randall



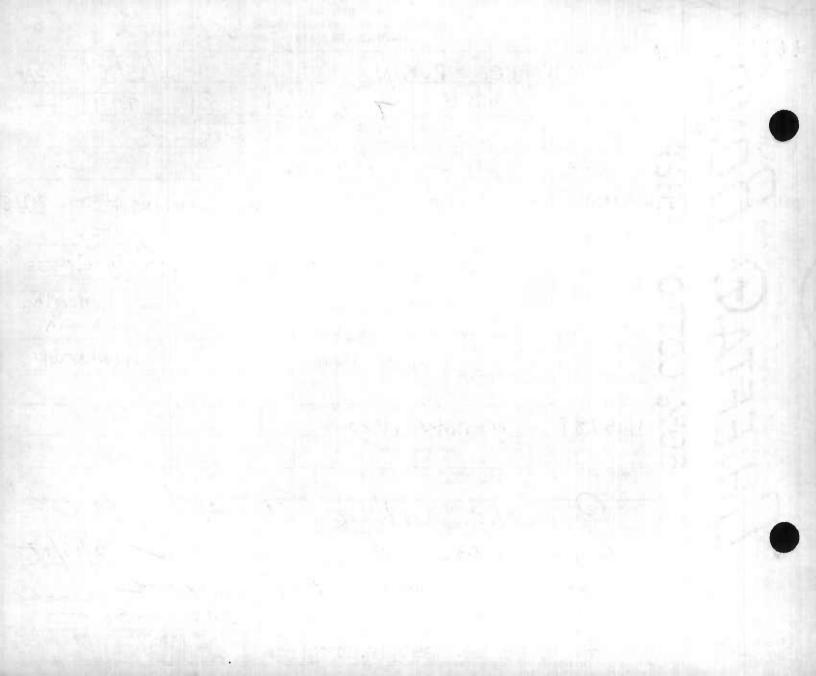
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		1 14 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	D.		
	m 5		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	
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0	eoth. Po	i	RTHPLACE ISTATE OR FOREIGN COUNTRY LYBIA	USA	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY O BALTIMOR		MD.	
10	s ofter o		TY OR TOWN OF DEATH ALTIMORE	THE JO	HOSPITAL, NURSIN CHEACHTY GIVESTREET HNS HOPKI	IG HOME C ADDRESS) NS HO	OR OTHER INSTITUTION SPITAL	"HOUSEWIFE	DN 12b. 1 F WORKING LIFE) INDI	HOMEMAKER	
ND 212	24 hour	130. 5	AL RESIDENCE (IF NURSING HOME O STATE D.C.	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE  13. CITY OR TOW  WASHING	TON	13d INSIDE CITY LIMITS?	13 STREET ADDRESSY	ST. N.W.	7(9998)	
YLA	this 15 1/	14 FA	THER'S NAME		1071		15 MOTHER'S MAIDEN NA				
MAR	के विशेष		MOSHE	MIDDLE	TAMMAM		RACHEL	MIDDLE	UN	IKNÓWN	
RE,	9 - 9 - 1 9 -		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE		D.C. (20008)	
IWO		,	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	014-38-8	119	JOSEPH ROUMA	NI 2711 ORD	WAY ST. N	1. W. ADT, 204	
BALI	1-01-13		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) RESPIRATORY ARREST  APPROXIMATE BETWEEN ONSET  5 M								
157	8 28-0		IMMEDIA				11144231			5/1/1/18.	
STO	Van Bus		Conditions, if ony, which	DUE TO, C	HEPATO	NEW!	AL SYNDR	LOWE.	4	5 Days	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	Carried States		gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, C	OR AS A CONSEQUE	ENCE OF ,			- (	O MONTHS	
5, 201	9000000	_	PART 2 OTHER SIGNIFICANT	CONDITIONS C			NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	'ART No	
ORD	a all a	5 Q		RITION		1003					
AL REC	he law on. has be t permit	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED EAUSES OF DEATH? NO	
OF VIT	physic physic physic physic pl-trons tol Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH D		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART 1 OR P	PART 2)	
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۵	DIN or se os		22a.1 certify that (i) (this hasp	ital) attended th	he deceosed from_	1/2	19 87	10_2/5	19.8	7. that (I) (we) lost	
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	R Al hosp hed hed ept tem		22b. SIGNATURE	of view the body	offer death.		DEGREE		220	. DATE SIGNED	
	the Date Die Date Die Die Die Die Die Die Die Die Die Di		David	12.	Sione	_ ^	ATTENDING PHYSICIAN	MEDICAL STAF		215/87	
	SPIT,		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			BALTIMORE	
	o HOS etoined TO FUN with the		DAUID	R.	Brown	)	JOHNS	HOPKINS	HOSPITAL	MO	
200	9899		BURIAL /REMOVAL				EMETERY OR CREMATORY	JERUSALEM	I. ISRAEL	Y STATE	
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	1			STATE OF MARYLAND		41
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poog poog	3. SE	x 7	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
ge 4 n rector.	1	Female	White	MONTH DAY YEAR	54	MONTHS DAYS HOURS MIN.
P. P.	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
ner leot	1	W.Va.	usa	WIDOWED DIVORCED	Balti.	mere City MD.
	10 0	Balhimae	(IF NOT IN SUCH FACILITY, GIVE STRE		120 USUAL OCCUPATIO	WORKING LIFE) INDUSTRY
	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER UNSTITUTION GIVE RESIDENCE BET	May and Josp.	Retired-	
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The step	14. F	ATHER'S NAME	MIDDLE C. MST.	15. MOTHER'S MAIDEN NA	ME	LAST
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d co		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEG		ADDRES	
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The followy.	N N					
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Spirol CTOR for us of He		sow the deceased alive on	_ 223 87 19	() m		te and hour and from the causes stated
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TO HOSPITAL OF FROM TO FUNERAL DE Should be detoo with the Store DE IMPORTANT: If		TED	Y. KIM	22 5. Green	St Rola	more My 21201.
Of of Shape	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	123d LOCATION	1110 0201
BP		(SPECIFY) Burial			CITY OR TOWN	COUNTY STATE
Dr	24 F	UNERAL DIRECTOR	3/3/01	ulaney Valley	E REC'D BY REGISTRAPIZE	Baltimore Marylan
DHMH - 16 60M 7/B4		NAME	ADDRESS ADDRESS	- 3 21221 MA	RO4 1987	b. REGISTRAR'S SIGNATURE
(VRA 15, 4)	C	onnellyFunera	THOME 300Mac	eave.ZIZZI	· · · · · · · · · · · · · · · · · · ·	



	1			STAT	E OF MARYLAND				
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ge 4 may ector. po rs ofter d	3. SE	* femsle	1 RACE White	5. DATE (	DF BIRTH  DAY  YEAR  C	6. AGE (IN YEARS LAST BIRT	YRS IF UN	DERTYEAR IF UNDER 24 H	AIN.
Sal dir	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUN U.S.A.	TRY? 8 MARRIE	D NEVER MARRIED D DIVORCED	Baltimore City of Baltimor			MD.
s ofter d by the fu filed with	10 0	BALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	JRSING HOME C	BACTIMORE	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Clerk	I NC	Retail	
AND 212 n 24 hour filled in hould be in	130	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		BEFORE ADMISSION) TOWN	YES 🏝 NO 🗌		ZIP CODE	AP+#204 2	2121
NG PHYSICIAN The law requires that the death control and completely filled in by the nd American based on the death control and a security of the physician.  It is a certificate has been signed by the attending the price of a completely filled in by as the buriol-transit permit. Then please remove control and the price of a should be fill than dwarful Hygiene price to buriol, cremation, or the control and a shows any injury, or other traumate.		Valintene Wi		ost	15 MOTHER'S MAIDEN NAM	MIDDLE	•	Tyma	
TIMORE			MED FORCES?  E WAR OR DATES!  213-1	5-6749	Charlotte Br	own 4220 St	Darco	nt Dr./212	-
ST., BAL		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	D RV.	9515				APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
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R ATTEN hospital IRECTOR hed for up to the rept. of Hem 21 is		saw the deceased alive a above, (I) (we) (did) (did n	at) view the body affer death.	19, and that in (my) (our) opinio	an death occurred on the date and ho	or and from the causes stated
8 4 8 5 9 F		226. SIGNATULE	B	DEGREE	WEDICH CTAFF	224. DATE SIGNED
75 750 7		000		MAB. PHYSICIAN		2128187
HOSPITAL bined by the FUNERAL build be det th the Stote		22d. PHYSICIAN'S NAME (TYPE	OR P(INT)	22e ADDRESS		
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Of 5 5 4		URIAL, CREMATION, REMOVA	- 0	231 NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY A STATE
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(VRA 15, 4)	1	ames A. Mor	ton + Jons . 1	101 Laurens St. Mit	R U Z WS	

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME 2h HOUR (TYPE OR PRINT) ESTI-A. Rusk James DEATH MATED 4/ 1987 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE MONTH VE AR LAST BIRTHDAY) 12:28 PRONOUNCED 1945 41 MALE WHITE DEAD 1087 FEB. 17. TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. N. CAROLINA WIDOWED DIVORCED Baltimore City W CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SGT 1ST CLASS U.S. ARMY Baltimore University Hospita SUAL RESIDENCE HE IN NURS 13a. STATE 13d. INSIDE CITY LIMITS? 113e. STREET ADDRESS ANNE ARUNDEL Md. FT. MEADE YESY\_ NO 8013F LESLIE ST. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST LAST MIDDLE RUSK GORDON MARJORIE SHELTON 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) OLIVIA C. RUSK 4418E ALAN DR. BALTIMORE MO 258-66-2466 ACTIVE DUTY 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY: Alcoholism with Fatty Liver IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 FICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES (Z) NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE WHILE AT WORK COUNTY Autopsy X 22a I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL TO FUNERAL DAFTER DEATH. SIGNATURE. M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR' 23d. LOCATION STATE BURIAL 2-9-1987 ARLINGTON NAT'L. CEM. ARLINGTON. ARL. CO. VA. 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH - 17** in anderno (VR A15 ME (5)) W. W. CHAMBERS CO. RIVERDALE, Md. 20737

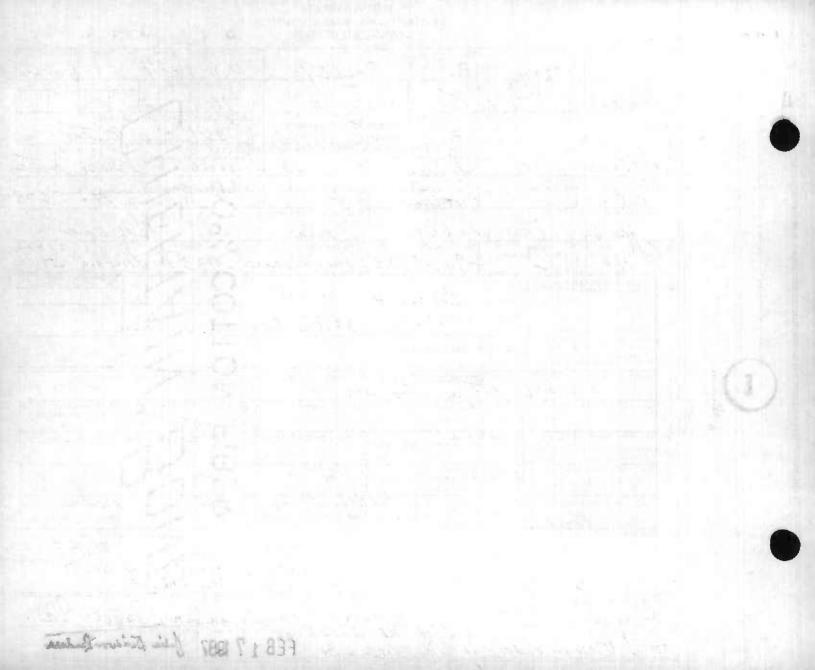
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4905 York Road, Balto., MD

(VRA 15, 4)

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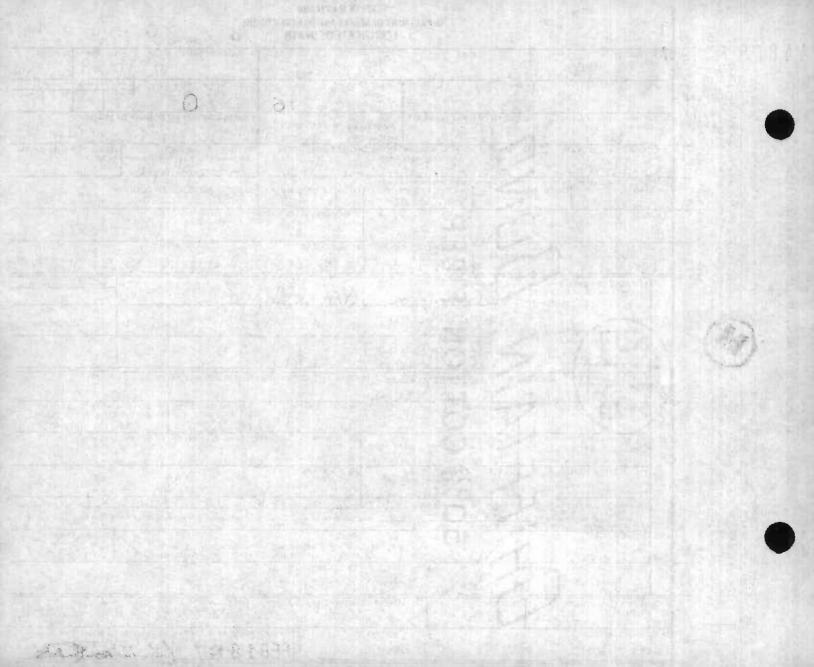
	1	STATE OF MARYLAND
	1.	FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
144207 FFR	7 9	REGISTRAR CERTIFICATE OF DEATH REG. NO.
		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
eoth 3	,,,,,,	JOSEPH B. SALLEY 2-11-1987 6:00 A-M
may be	N. SE	4, RACE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HIS
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dire dire	10 B	RTHPLACE (STATE OR FOREIGN 76, CITIZEN OF WHAT COUNTRY? 8
# 20 Z	N	OGNIRY) MARRIED MEVER MARRIED
d d d	10-0	WIGHTA II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PROJUSUAL OCCUPATION JZB. KIND & BUSINESS OR
والمراقبة المهادية	13	(IF NOT IN SYCH FACILITY GIVE STREET ADDRESS)
20 urs		etternal 42 S. Schladin H. 2123 Mekalli . Stalial Males HRESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
od bed de	134.	130 STREET ADDRESS / ZIP CODE
AN 2 THE		Dellaro YES B NO 1 42 S. Schuela 4 - 21225
RYL with	14. F4	15. MOTHER'S MAIDEN NAME
W P P P P		Joesh B. Salley Lena Typong
RE,		VAS OF CEASIDE EVER IN U.S. ARMED FORCES? 188 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 4 2122
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ALT te b te b sers.		18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (g.)
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and the attention trout		gove rise to immediate
W. # # # # # # # # # # # # # # # # # # #		couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last.
201		(c)
· · · · · · · · · · · · · · · · · · ·	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
OR THE STATE -	15	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 280 AUTOPSY? 2000 IF YES, WERE FINDINGS LISED
DIVISION OF VITAL RECORDS ING PHYSICIAN The requirements of the binding physician mental the physician physician has and wental throughous provided or flem 18 show any inter-	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
A 18 7 8 8 9	1 2	YES NO YES NO
2 2 2 2 2 E E CY		10. ACCIDENT WAS UNDERLYING AUSE OF DEATH OF INJURY OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH AND MONTH DAY YEAR  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)
NO SECTION OF THE PERSON OF TH	18	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
Side of A A A A A A A A A A A A A A A A A A	MEDICAL	21d INJURY OCCURRED 210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE
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A A C C C C C C C C C C C C C C C C C C	1	220   certify that (I) (this hospital) attended the deceased from 8/17/70 , 19 86 , to 8/17 , 19 60 . that (I) (we) lost
TTEN Priol For u		sow the deceased alive on
R A hos hos hed hed tem		276. SIGNATURE DEGREE 226. DATE SIGNED
the open of the op	1	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2/11/8 7
PITA by by by Storing	1	27d. PHYSICIAN'S NAME (14PE OR PRINT)  27d. ADDRESS 6325-WASHINGTON BLUD
O HOSPITA etained by TO FUNERA should be di with the Sta	V	11 1211TT RAID 51100
Shoul	220	
0.0	730	JURIAL, CREMATION, REMOVAL 238. DATE 22 NAME OF CEMETERY OR CREMATORY 238 LOCATION CITY OR TOWN COUNTY PO
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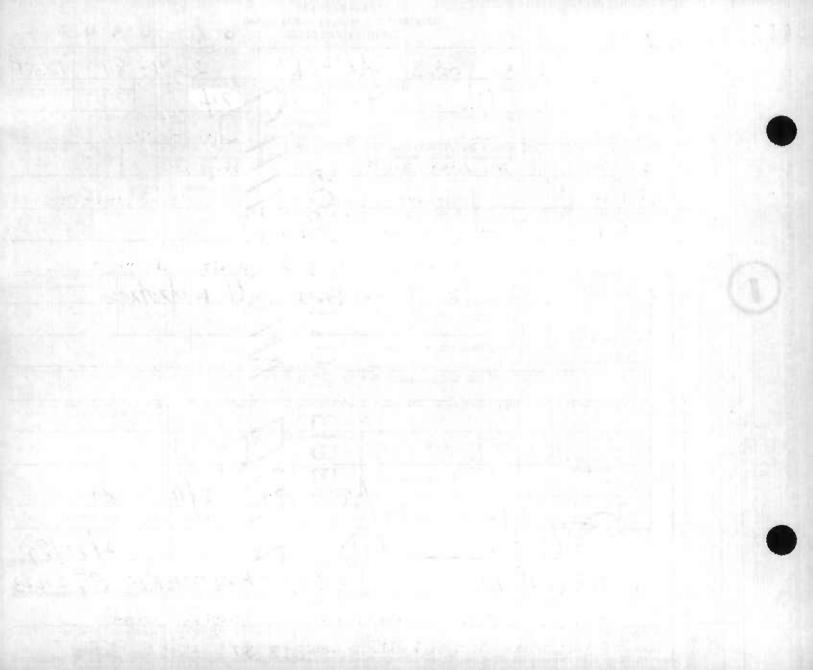
Bailey Funeral Home 1348 N. Calhoun St. 21217

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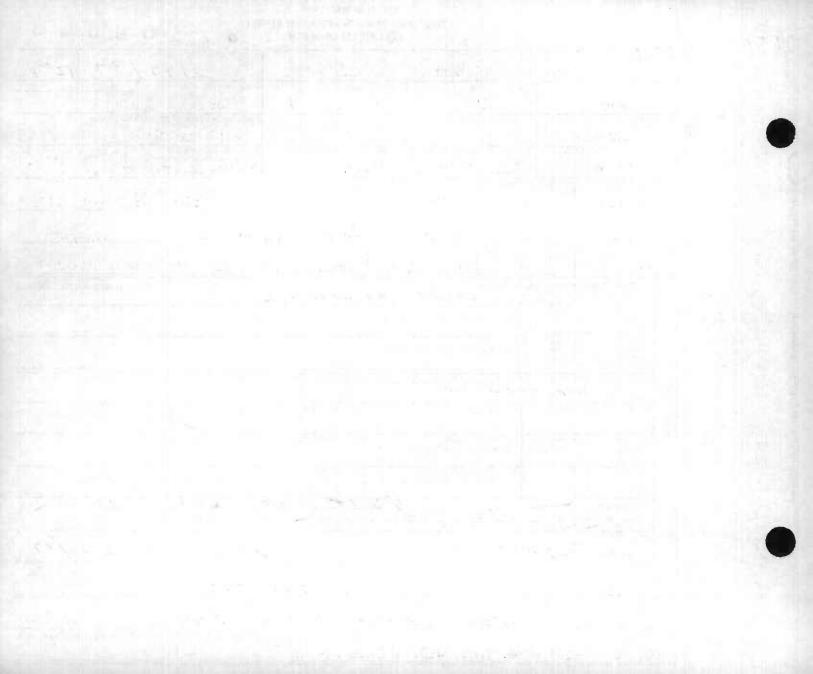
STATE OF MARYLAND



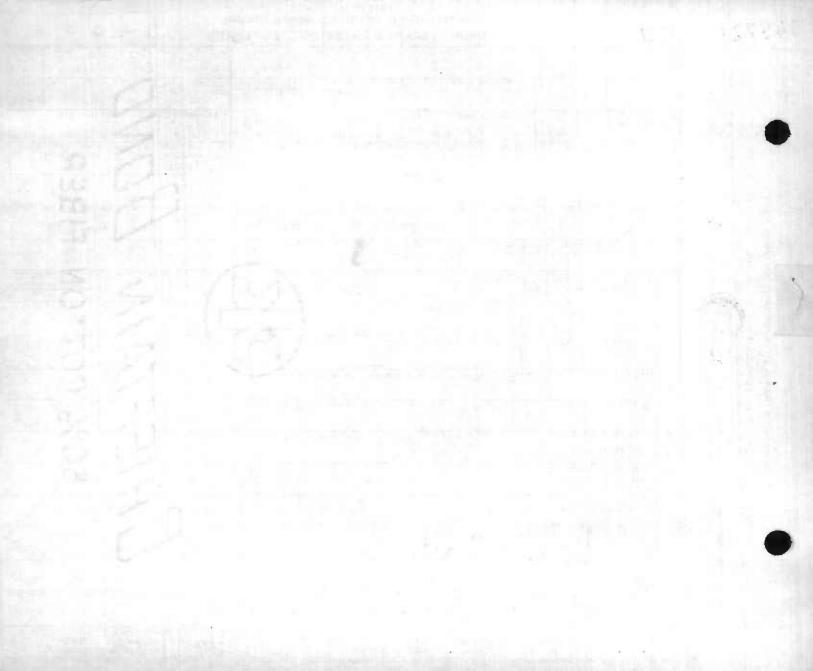
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44313 FEB 1	78	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	b / REG. NO		5 4
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ecte ecte		FEMALE	WHITE		7 26 12	74	YRS.	
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rely 2 sh	14. F/	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA		LAS	
i into		William		Keehner		May	Boy	-
# 2 5 37	16a \	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCI	AL SECURITY N		ADDRE		
OW POOR		NO		10-5335	John K. Keeh	ner, 115 S.	Gilmore St.	21223
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Part of the second	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDING IN CERTIFYING CAUSES YES	
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TAL OR A y the hos RAL DIREC detoched fore Dept.		22h S GALVEUR	do-	1	ATTENDING PHYSICIAN	MEDICAL STAF		1/85
TO HOSPITAL efound by a TO FUNERAL should be de with the Stor		J. BEU	RAN		FLO W	BALTIMO	DRE 8T,	21223
7 6 F 2 3 3	23a	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME (	OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
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0.40 4 3.5 43	I H	ubbard Funeral	Home Inc /	107 Wil	kens Avernia B	1007 1.0	Por I all	



Due to, or as a consequence of   Conditions, if only, which gover rise to immediate course into, storing the underlying course lost.   (c)   Due to, or as a consequence of		1					OF MARYLAND						
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Male White NOV. 5 97  Male White NOV. 5 97  Maryland Nov. 5 97  Maryland Nov. 6 1988   Section of the control o	ge 3		Stephe	en Hilk	pert	SA	UER		2/	19,	1 8.7	12 PN	
A BRITHFIACE (I plant decreased on Control Park (Control Park)    A BRITHFIACE (I plant decreased)   A CITIZEN OF WHAT COUNTRY?   MARRIED SOURCES   Maryland   Market of Moore   Maryland   Maryland	mo)	3. SE	X	4 RACE			FBIRTH		6. AGE (IN YEARS LAST BIR	THDAY)			
Maryland    Second   Control   Contr	ge 4		Male	White			. 5	7	89	YRS	MONTHS	MIN.	
Baltimore	A Poor		COUNTRY)		T COUNTRY?	8 MARRIEI	NEVER MARK	RIED 🗆				4	
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DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse in oil stating couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to:  ### ## ## ## ## ## ## ## ## ## ## ## #	by the f		Baltimore	3358 St	ility, GIVE STREET Cicklan	address)			TYPE OF WORK FOR MOST C	OF WORKING LI	FE) INDUST		
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27d Physician's Name (IVPE OR PRINT)   27e ADDRESS   301 Marydell Road   301 Marydell Road   301 Marydell Road   302 BURIAL, CREMATION, REMOVAL   23b. DATE   23c NAME OF CEMETERY OR CREMATORY   23d LOCATION   COUNTY   Maryland   302 BURIAL CREMATION   202   303 BURIAL CREMATION   202   304 EDCATION   COUNTY   Maryland   304 EUCATION   COUNTY   Maryland   305 BURIAL CREMATORY   306 BURIAL CREMATION   COUNTY   Maryland   307 BURIAL DIRECTOR   308 BURIAL CREMATORY   21229   308 BURIAL CREMATO	_ <u>_</u>		( Nalt)	act) me	5		ATTEN	NDING	MEDICAL STA		2/	20/87	
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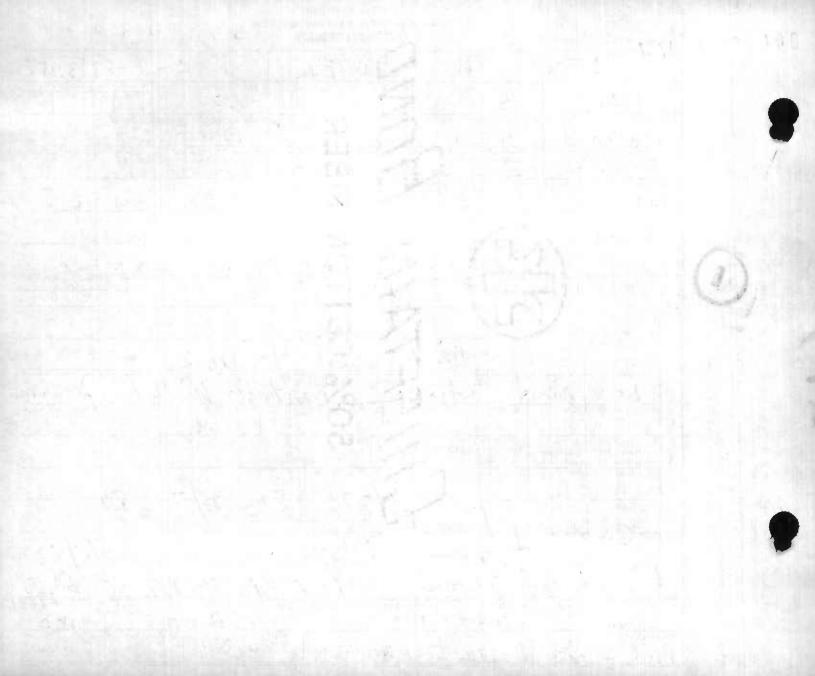
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN XX MONTH 7h HOUR (TYPE OR PRINT) ESTI-DEATH MATED 2-26-87 19 R. SAUNDERS ATH. IF ANY DELAY IS NECESSARY, PLEASE S 1, 2, AND 31 OTHE FUNERAL DIRECTOR, MA 3, RETAIN PAGE 5 FOR YOUR FILES, 80 2 SHOULD BE FILED, WITHIN 72 HOURS WIMAL RECORDS, 201 W (PRESTON STREET, **JAMES** 4 RACE AGE (IN YEARS | IF UNDER I YR. 2d HOUR 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 45 YRS black male DEAD 2-26-87 19 6:11A TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED D NEVER MARRIED FOREIGN COUNTRY) Md USA WIDOWED DIVORCED -Baltimore City ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Unemployed 2119 Cliftwood Avenue Baltimore Baltimore 13e STREET ADDRESS 130 STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 2119 Cliftwood Avenue 21213 Md 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Saunders Streets Marcella Huerty 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS. (YES, NO OR UNKNOWN) 212-40-2256 2119 Cliftwood Avenue Sandra Saunders 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cirrhosis of liver IMMEDIATE CAUSE (o)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which alcoholism gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES LE NO L DEPARTMENT 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21E LOCATION STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Autopsy X 220 I certify that I took charge of the remains described above, held an ond in my opinion Natural causes XX death resulted from Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) FUNERAL DEATH, 2-26-87 Assistant MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. ADDRESS EXAMINER'S NAME 111 Penn Street TYPE OR PRINT 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 3/4/87 Burial Cedar Hill Cemetery Anne Md Arundel Co 07 84 250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Avenue Wm. C. March F/H (VR A15 ME (5))



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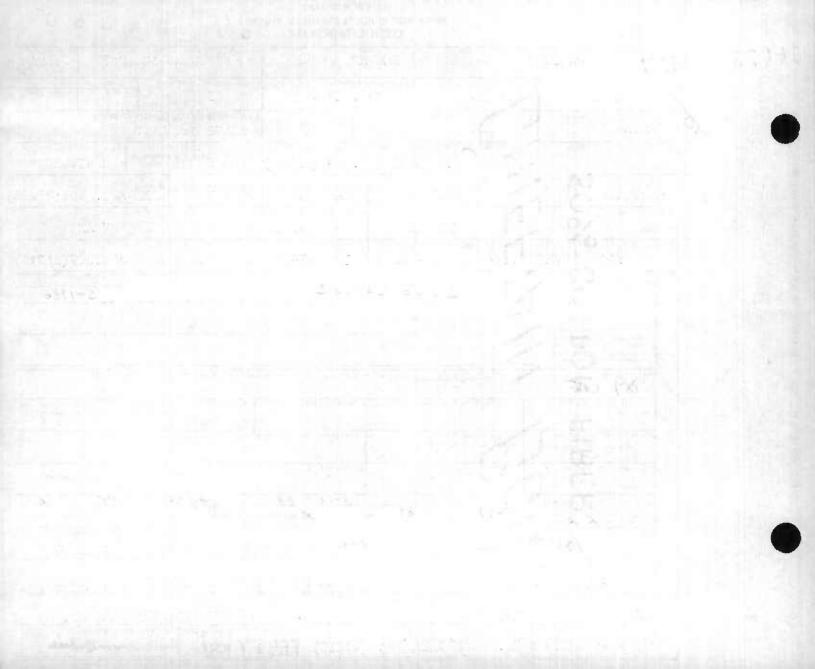


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T HE DON'S		220 SIGNATURE	1000 8	ah		ATTENDING	MEDICAL STAF		AL DATE SIGNED
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DHMH - 16 60M 7/84	24 1	UNERAL DIRECTOR		ADDRESS		2/23/ 250. DA	FREC'D. BY REGISTRAR		signature
(VRA 15, 4)	6	1LLY + ZEILE	RINC.	1901 EAST	ERN	AVE.	rn 0 1881	Survey Day	wern Kandage

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MONTH 26 HOUR MORTON **SCHERR** FEBRUARY 12,1987 3:30AM 4 RACE & AGE IN YEARS LAST BIRTHDAY 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS "DEC. 28,1921" MALE WHITE 65 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARY LAND USA BALTIMORE CITY 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR ORDS LANE APT. 507(21215) FURNITURE BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 3501 FORDS LANE APT. 507(21215) BALTIMORE 13d. INSUDE CITY LIMITS? MARYLAND 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRSTANNA MIDDLE SCHERR MAX HYMAN ADDRESS 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IDA SCHERR 3601 FORDS LANE APT. 507 (21215) 218-10-1556A 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). LUNG CANCER PART I. DEATH WAS CAUSED BY: 5-1986 IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS IFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK YES [ NO CERT 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION 20 CITY OR TOWN COUNTY STATE AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (of) apinian death occurred an the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED MUD ATTENDING MEDICAL STAFF
PHYSICIAN X DIRECTOR PHYSICIAN ATTENDING 2/13/87 224 PHYSICIAN'S NAME (TYPE ORPRINT) 22e ADDRESS ld b MPORT 3640 FORDS LANE ARTHUR LEBSON BALTIMORE, MD, (21215) 23a BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION BURIAL FINKSBURG, CARROLL, MD. 2/13/87 BETH JACOB CEM FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE, MD. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (21215)(VRA 15, 4)

STATE OF MARYLAND



- STATE RECHSTRAR BECEMBED NAME

Female

Balto.

4. FATHER'S NAME

Md.

Md.

No

CERTIFICATION

To BIRTHPLACE (STATE OR FOREIGN

O CITY OR TOWN OF DEATH

William Sewell

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Elizabeth Schick

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RES 130. STATE 136. COUNTY 136. C

4. RACE

MIDDLE

(IF YES, GIVE WAR OR DATES)

Joseph D. Notarangelo, MD

14 FUSCHIMUNEK Funeral Home, Inc.

3331 Brehms Lane, Balto., Md.

2/27/87

23a. BURIAL, CREMATION, REMOVAL

Burial

18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cauc.

USA

TE CITIZEN OF WHAT

124 W.

Ba

214

DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 REG. NO.	400	
1106	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR 7
			2-23-87		1:45 A.
	S DATE C	/27/10 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS	MONTHS DAYS	IF UNDER 24 HRS
COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
	WIDOWE	D DIVORCED	Baltimore (	City	MD.
Y, GIVE STREET A	DDRESS)	St. Apt.140	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING 4 Homemaker.	LIFE) 17b. KIND OI	BUSINESS OR
TY OR TOWN	ADMISSION)		13e STREET ADDRESS / ZIP CO	~ 21	201
alto.	4	YES X NO	124 W. Fran		t. Apt.
LAST		15. MOTHER'S MAIDEN NA			
t 431		Katherine	THE PER .	· (ASI	
OCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
1-01-	8651.	A Charles S	chick (husbar	nd) same	e add.
101, (b), and		DIAL ARAH	YTHMIA	APPRÓXI BETWEEN C	MATE INTERVAL BNSET AND DEATH
CONSEQUE	NCE OF	ANDIAL IN	(FARCTION		
CONSEQUE	NCE OF	ARTERIOS	CLCAOSIS.		

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

301 St. Paul PLACE. BALTIMONE 21202

Balto., Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22c. DATE SIGNED

2-24-1987

STATE

Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	ANDIAL 1	NFARCTI-	M
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	ARTERIO S	CLCAOSIS	
	IDITIONS CONTRIBUTING TO DEATH BUT			
Pa DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
21d. INJURY OCCURRED  NOT WHILE ALL WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
220.1 certify that (I) (this hospital) saw the deceased alive on abave, (I) (A) (A) (did not) vi	2-21 1987 00			ate and hour and from the causes stated

DEGREE

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

21213

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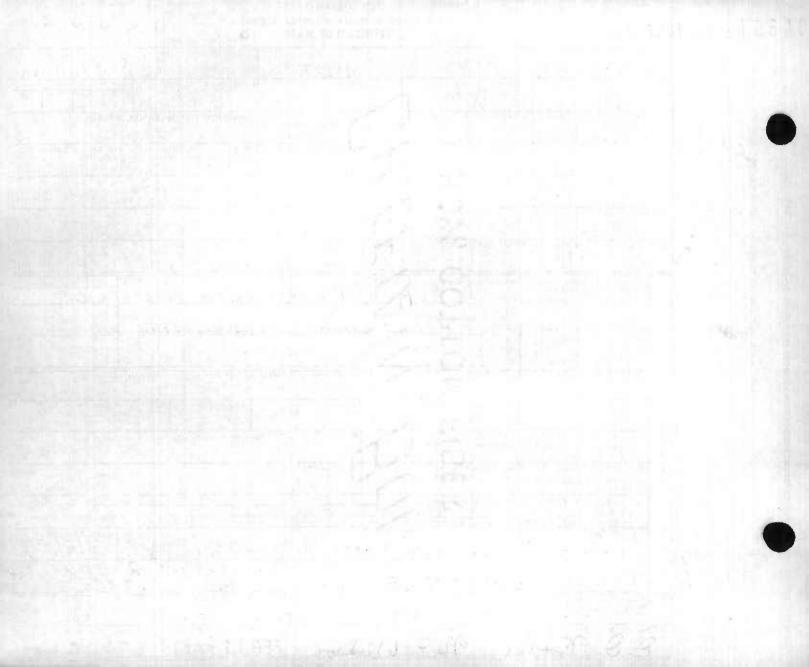
Oak Lawn

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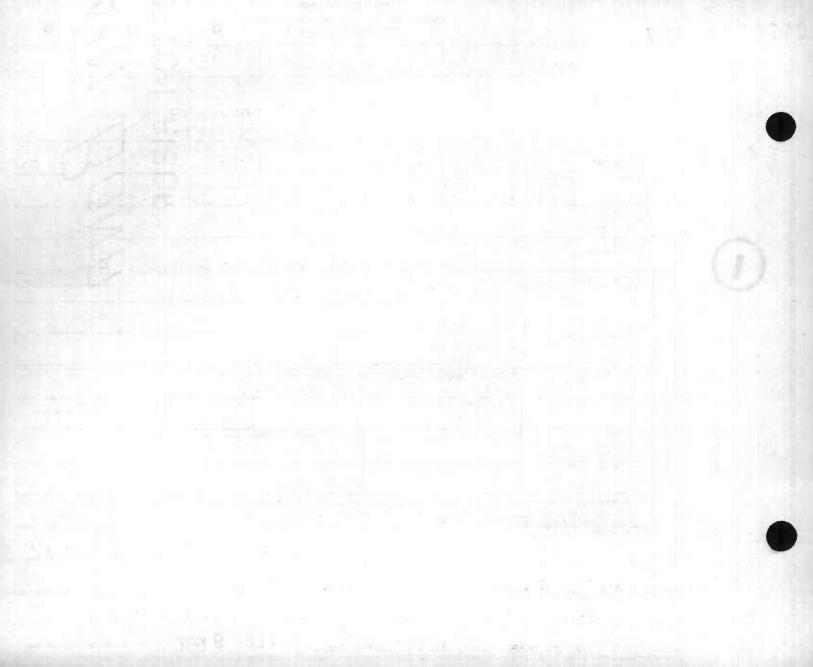
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4 05 5 7 70 mg	BIRTHPLACE (STATE O	OR FOREIGN 76 CITIZEN OF	F WHAT COUNTRY? 8 MARR	ED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
To de la constantina della con	. Marylan		.A. WIDON	WED DIVORCED	Baltimore	
10 10 E	CITY OR TOWN OF D		HOSPITAL, NURSING HOME UCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
The second	Baltimor	e Good	Samaritan H	losp.	Minister .	Rehab
E 9 130	UAL RESIDENCE (IF NU	URSING HOME OR OTHER INSTITUTION	N GIVE RESIDENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	
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	FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	
12/WO(V	Charle		Schmidt	Victori	WIDDIE	Mosca
3 100	WAS DECEASED EVE	ER IN U.S. ARMED FORCES?		17 INFORMANT		iry 21771
ono pod pod pod	NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	217-30-4625	Nancy D.		4 Honeybush Rd
cton .		ATM Consolination		nancy D.	SCHIIITUL 121	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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E = -/ /	AT WORK AT V	WHILE	STREET, FACTORY, OFFICE, FARM, ETC.)	STREET		
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burial-tr burial-tr d Mental I	220. I certify that	WHILE	the deceased from	ond that in (my) (our) apinion (	, to	. 19, that (I) (we) lost hour and from the causes stated
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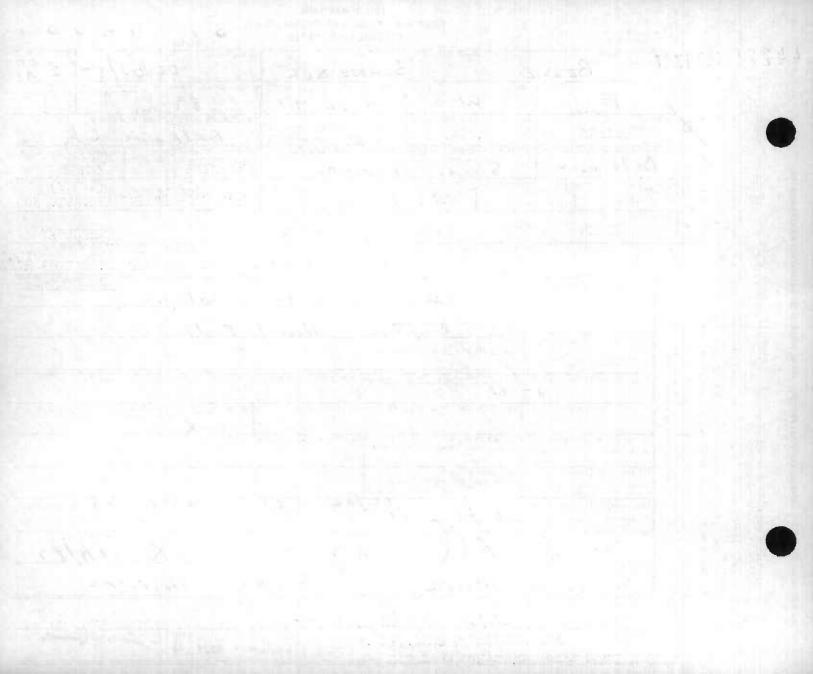


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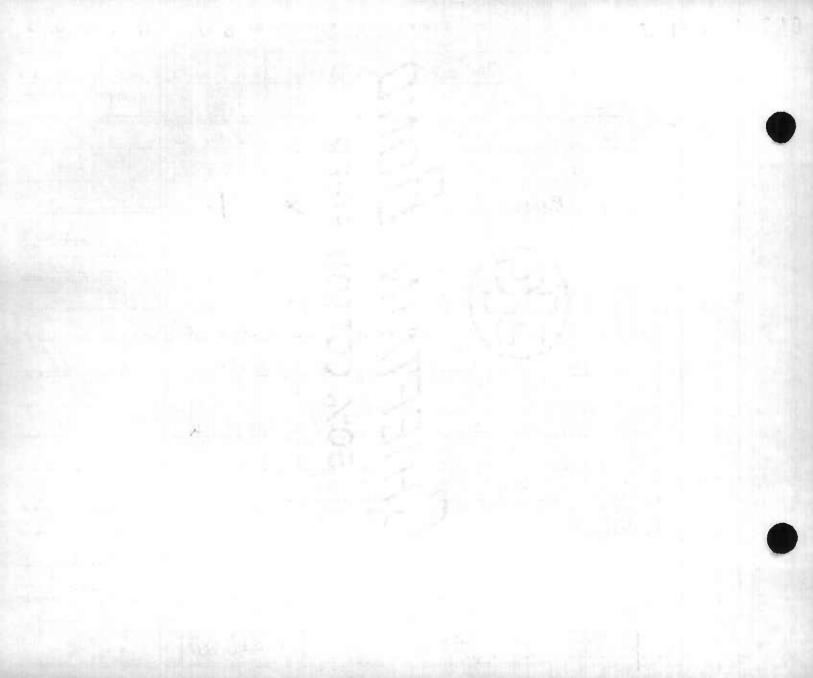
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1 7 0	12	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S M	ALDEN NAM				
1 10/1	20		Anthony	MDDLE	Manne	r	First M	ary	WIDDLE		McNi	
	0		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE		17 INFORMANT		ADDI	RESS		
( 10 g)	1		NO	SIVE WAR OR DATES!	215-01	-3263	Louis S	chmitt	1559 List	er Rd	. 2122	7
<b>发展16</b>			18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per	Line far (a) (b),	and (c).)	2 0	//				IMATE INTERVAL ONSET AND DEATH
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hos hos hed hed ept.			22h SIGNATURE	4-F	/20		DEGREE				22c. DATE	SIGNED
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etained be should be with the S			John C. Hea	lv. MD.			1311 F	rancis	Avenue			
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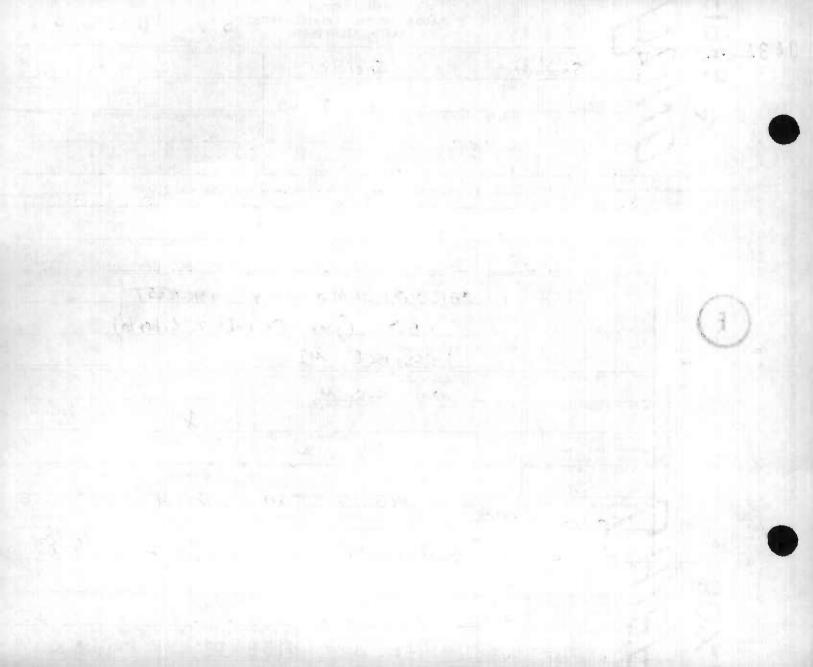
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ter th us the hond rked	W	WHILE NOT WHILE AT WORK	] (AT HOME, STI	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR	TOWN	COUNT	Y 51	TATE
for use of Health	à	22a.1 certify that (I) (this sow the deceased also above, (I) (we) (did) (d	ve on &	e deceosed from 19	87,00	19 d that in (my) (our)	opinion death	occurred on the			2 , that (I) (v n the couses sta	
AL DIRECTOR OF DEPT.		276. SIGNATURE	B N	ill			IDING ME	EDICAL S'	TAFF	220.0	DATE SIGNED	>
TO FUNERAL should be determined with the Store important: if		SAMUEL		MER		22e ADDRESS	NAI		Hosp.	ITA	_	
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(VRA 15, 4)		O REISTEDSTO	OL LEVINSO		-		FEB 1	1 1987	VI NEOIS	Thursty 18	L. C. Miller	



10010				STATE OF MARYLAND		
43840 FE	Bh	- STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		14000
		ECEASED NAME FIRST	MIDDLE	LASI	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 72	111	PE OR PRINTI		schneider	Februar	3 1987 2:53 AM
100	3. 5	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
- 5 PE /	K	Female	Caucasian	SEPT. 29, 196	06 80 YRS	MONTHS DAYS HOURS MIN.
5 2 24	- 47	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1 11012	100	MARYLAND	U.SA.	WIDOWED DIVORCE	DO Balto. City	MD.
11 %	1,0	BALT IMORE	11. NAME OF HOSPITAL, NURSIN (1F NOT IN SUCH FACILITY, GIVE STREET ) SINAL HOS		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY  AT HOME
1 31/25	100	JAL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE		AITS? 13e STREET ADDRESS / ZIP COD	E
き 請え		rangland BA	BALTO.	YES NO	792 WINTERSET	AVE. #21208
1 11 11	つり	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAID	DEN NAME	
1 11/10	W	BENJAMIN	GOODMAN	RA	ACHAEL MARY	UNKNOWN
	160	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES		MRS. ESTERBESSPIK	LOSER APT. 205
1 11 1	-	AS DECEASED EVER IN U.S. AR	215-50-2	183   4 CANE	DLEMAKER CT. BALTO	., MD 21208
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3 /2011		Canditians, if any, which	( 16) Intaabo	2	L. multiple enler tomu	45
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the party of the p		PART 2 OTHER SIGNIFICANT O			E TERMINAL DISEASE OR CONDITION GIV	VEN IN PART II.a
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A Paragraphic of the same of t		220 I certify that (I) (this haspi	tal) attended the deceased fram_		, to	19, that (I) (we) last
E 6 5 2 2 2		saw the deceased alive an abave, (1) (we) (did) (did no	1) view the bady after death.	, and that in (my) (aur) a	ipinian death accurred on the date and have	and from the causes stated
A 20 30 50 11		22b. SIGNATURE	A desired death.	DEGREE		224 DATE SIGNED
A AND W	18	Philip M. N	Custadt M. D	ATTEND PHYSIC		2/3/87
FUNER FUNER ORTAN		224 PHYSICIAN'S NAME (TYPE O		22e ADDRESS		1 2/3/01
Apple of the second of the sec		PHILIP M.NI	EUSTADT	SINAI	HOSP BALTO., MD	21215
51 2413	23a.	BURIAL CREMATION, REMOVAL	236 DATE 236 N	AME OF CEMETERY OR CREMA		
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DHMH - 16 60M 7/84	74.	TUNE ALDIRECTORSOL LET	VINSON & BROS.	INC.	So. DATE PECID. BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE
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					E OF MARYLAND		
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8 6 8 W		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?		9. BALTIMORE CITY OF	COUNTY OF DEATH
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5 94 7		Balto. AL RESIDENCE (IF NURSING HOMI		emorial Hosp	) .	Schaefer B	rewery Retired
od by del	13a S	STATE 136 CC		CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE
2 = 3	1	Md.	-	BAlto.	YES XX NO	3503 Green	mount Ave. 21218
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3 8- 19		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE:	
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be non		Yes W.		12-18-7791	Fannie L. So	chneider 350	Greenmount Ave
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Over requires 1 been signed milt. Then pla prior to burio ony injury, or	CATION	PART 2 OTHER SIGNIFICAN			NOWN	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
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62 M	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE			9 BALTIMORE CITY OF	COUNTY	F DEATH
A Ad	4	Ohio	USA		WIDOWE		RCED	BALTIMO	RE CIT	Y
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d 2	214	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S A		AE MIDDLE		LAST
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should be d		L.M. Je	IMM.	DY. M.	0	100 11	. Ben	ANUXY, BAL	TO MI	2/281
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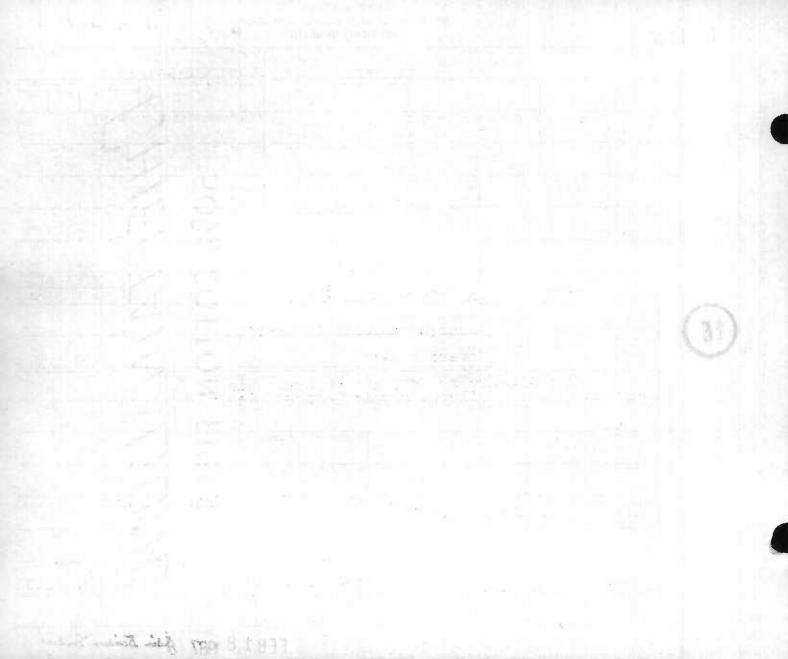
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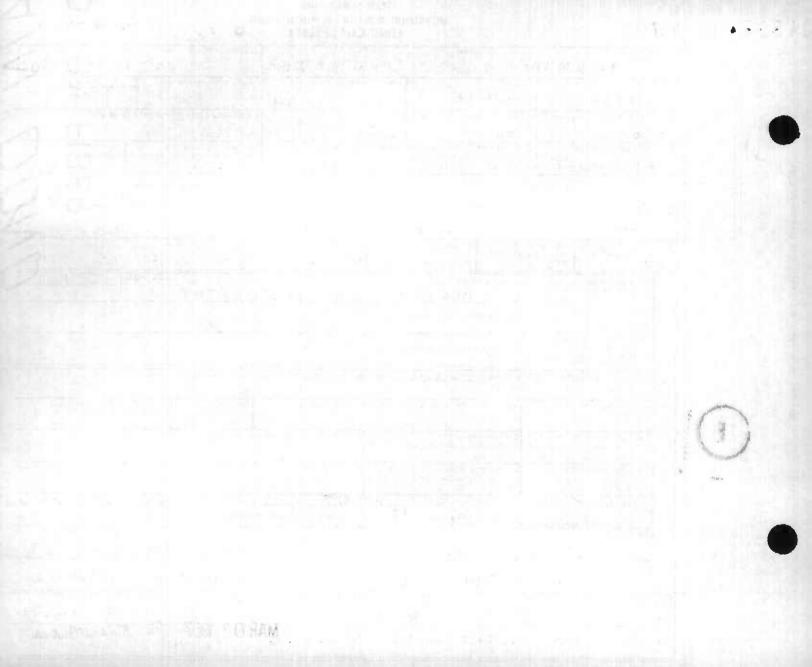
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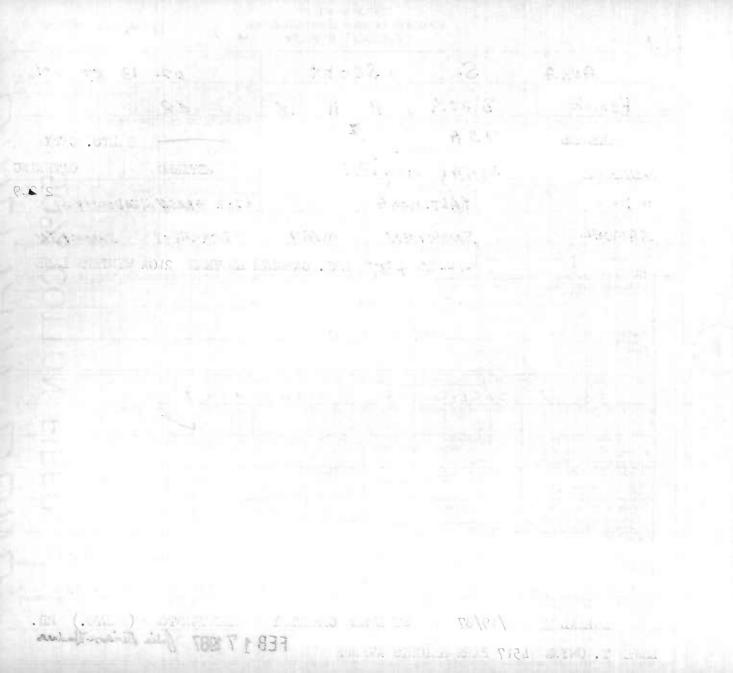
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					OF MARYLAND				4 13
7 MAR -	, 187	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 4	0	1 6-
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ò	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
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81 31	00. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME C		120 USUAL OCCUPATION		126. KIND O	BUSINESS OR
15		BALTIMORE		A ITHU	MOSPITAL	Water-Wast	e .	City o	f Balto.
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	_	ID — THER'S NAME	Balto.	City	YES NO		OIIL AV	е., ра	110. 212
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S.		AS DECEASED EVER IN U.S. A			17 INFORMANT	ADDRE			
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vent,			only one couse per line for (o), (b), SED BY: ATE CAUSE (o) HEPA	TIC	ENCEPHA	LO DATHY			
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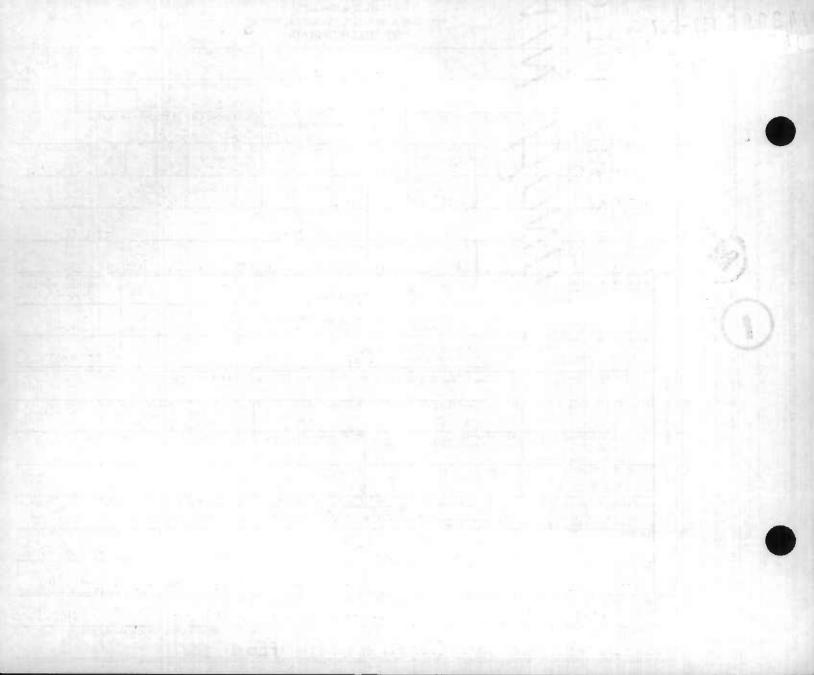
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/ 🔀	I DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 12h HOLLD				
e e e N		OR PRINT)	MIDDLE		20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
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4 mor	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.				
EX		4	B	12 25 10	76 YRS					
	10 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH				
Par Stan		N.C.	USA	WIDOWED DIVORCED	BALTIMORE CI	TY MD				
1 1 1 1 DO	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR				
I TO	BA	ALTIMORE	JOHNS HOPKINS		TYPE OF WORK FOR MOST OF WORKING	GLIFE) INDUSTRY				
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been significant. Therefore to be	ğ	clevu	ic pulmor	ione obstrict	ve disease					
	S	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?				
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NDIN I or R. Af use o teolith		22a.1 certify that (I) (this haspi	tal) attended the deceased from_	19_60	10	, 19_86 , that (I) (we) lost				
## 6 P# = 1		sow the deceased alive an	1) view the body ofter death.	ond that in (my) (our) opinion	death accurred on the date and h					
OR AT OR AT DIRECT DEPT. OR NON		27h SIGNATURE	i) view the body offer deofh.	DEGREE		12% DATE SIGNED.				
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DHMH - 16 60M 7/84	is eu	NAME .	APORESS	75e.DAT	TRECT BY REGISTRARIZSD REGI	STRAR'S SIGNATURE				
(VRA 15, 4)		March toner	al Home 101	E. NORTH AND I	1 9 98/ Julia	Diridor Kuidelle				



DHMH - 16 60M 7/84

(VRA 15, 4)

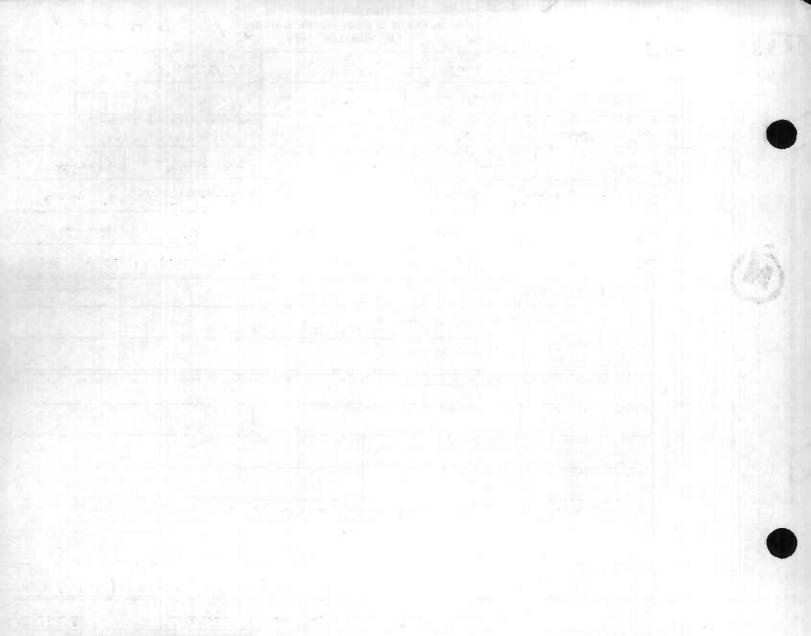
Hubbard Funeral Home, Inc., 4107 Wilkens Ave.



							OF MARYLAND		4 6 7	1 0
		1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	401	•
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å å å	10		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
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e do	Degic		ES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)				anton Palto	Country	NAD
e co	E .		No		219 22	1300	Joan M. C.	arter, batto	. County	MD CIMATE INTERVAL ONSET AND DEATH
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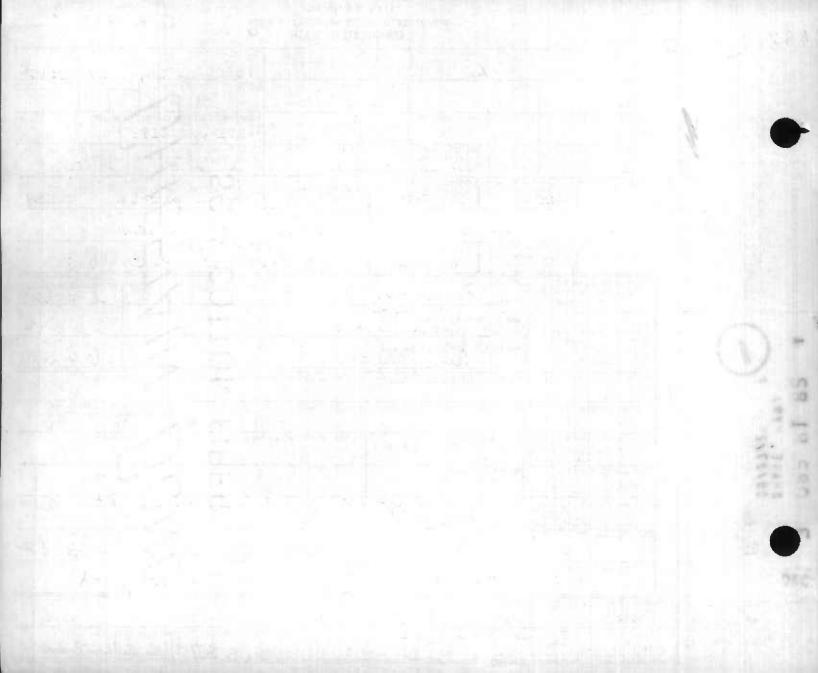
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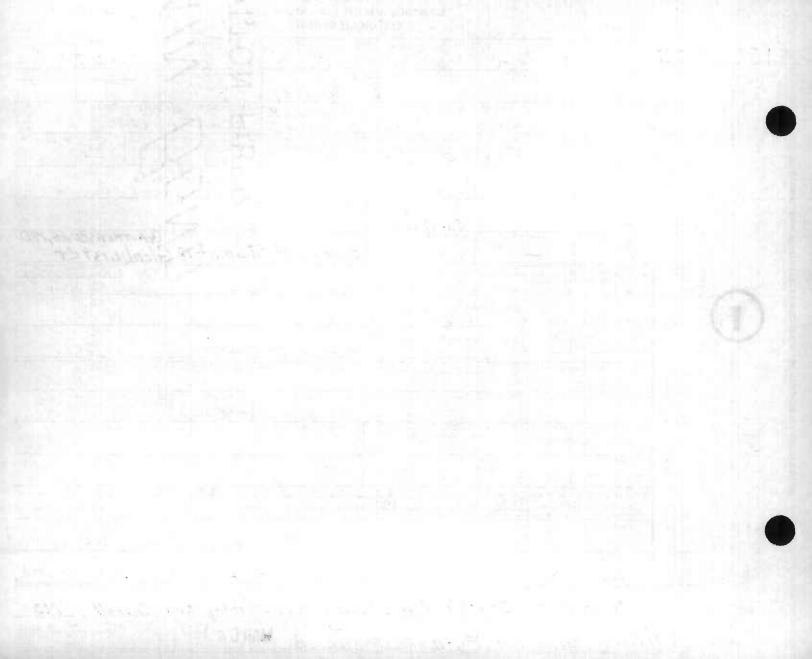
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH L DECEASED NAME (TYPE OR PRINT) deoth deoth MYRA SHANE FEBRUARY 26 1987 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3 SEX AUG. 27, 1925 EAR FEMALE WHITE BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY MARYLAND USA WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION M CITY OR TOWN OF DEATH 17a USUAL OCCUPATION 176 KIND OF BUSINESS OR INDUSTRY JOHNS HOPKINS HOSPITAL HOUSEWIFE AT HOME BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13E CITY OR TOWN 1134. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE BALTIMORE 5601 N. GREEN LA. MARYLAND BALTO. #21207 15. MOTHER'S MAIDEN NAME FATHER'S NAME LEO PRITZKER SHIRLEY BRUCE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT SIDNEY SHANERESS NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-20-6681 5601 NORTH GREEN LA. BALTO., MD 21207 APPROXIMATE INTERVAL IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: espiratory MINUT IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF pheumonitis Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. cancer PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS LISED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOR 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M ( IF FITHER NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY OFFICE FARM ETC ) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an\_ (our pointon death occurred on the date and hour and from the causes stated obove, (1) (we) (dray adid not) view the bady ofter death 22b. SIGNATURE DEGREE 226 DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS MPORT 유 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE BURIAL FEB.27,1987 CHIZUK AMUNO BALTIMORE SOL LEVINSON & BROS, INC. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 6010 REISTERSTOWN RD. BALTO. MD 21215 (VRA 15, 4)

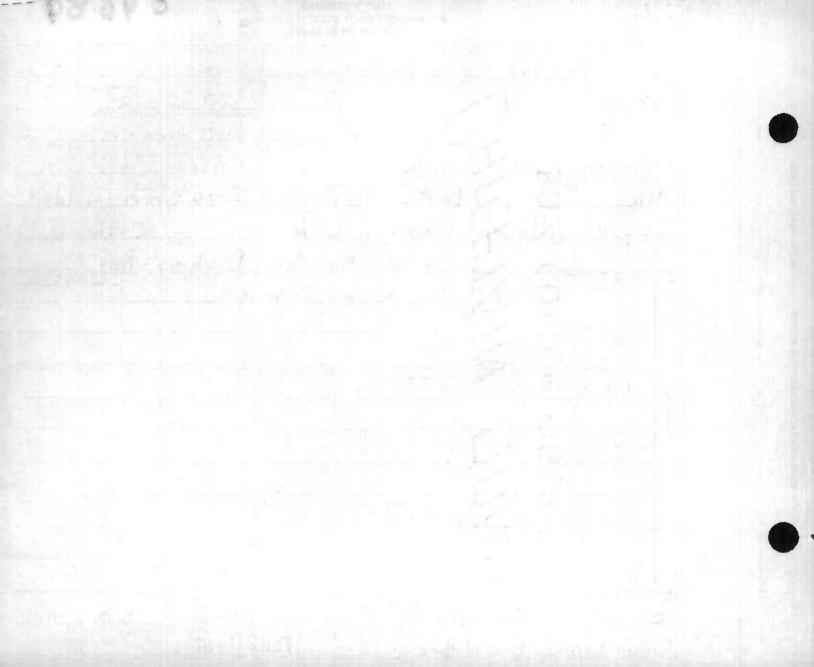
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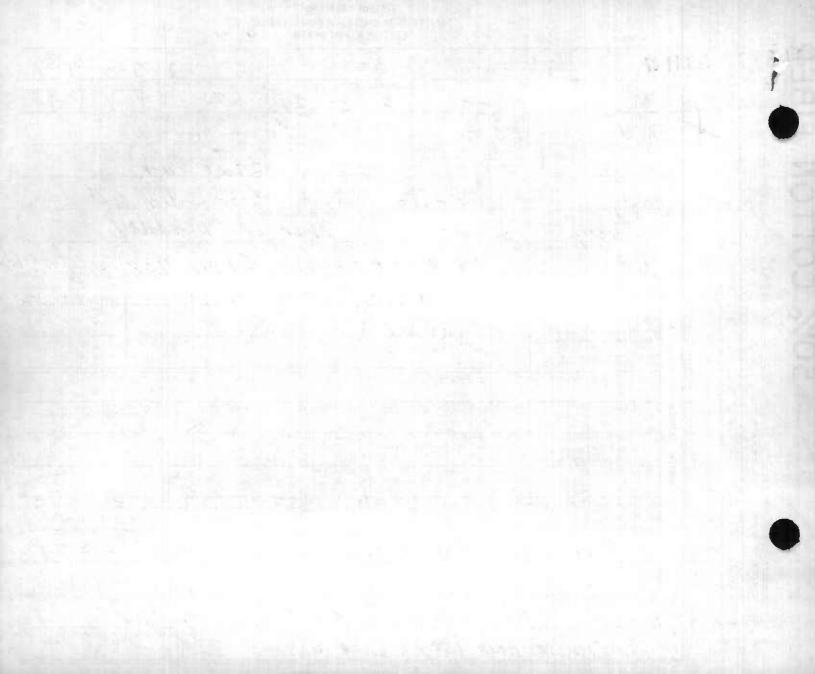


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STATE OF MARYLAND



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LI DEGEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) William H. Sheckels February 12, 1987 7:40Am 6 AGE LIN YEARS LAST BIRTHDAYS 4 RACE 5 DATE OF BIRTH 3. SEX 77 Male Sept. 21.1909 White 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto. Md. U. S. A. Baltimore City 120 USUAL OCCUPATION
(ITYPE OF WORK FOR MOST OF WORKING LIFE)
Plant Supervisor—
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Plant Supervisor—
Industry Chemical 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Maryland General Hospital 13. SIREEL ADDRESS / ZIP CODE Court -21061 Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Sheckels rank Gunther Samuel Georgetta 16b SOCIAL SECURITY NO. 17 INFORMANT Owings Miles. Md. 21117 215-09-7848 Ms. Joan M. Compher-123 Willow Bend APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY Arteriosclerosis IMMEDIATE CAUSE (0) Cardiovascular DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? Feb 2, 1987 IN CERTIFYING CAUSES OF DEATH? Polyps YES X NOF YES X 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INSURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify those (this hospital) attended the deceased from Januaru 15 19 87 Februaru saw the deceased alive an February 12.19 87, and that in May) (our) apinion death accurred on the date and hour and from the causes stated above, if (we) (did XX and view the body after death. DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRIN 22e ADDRESS Daniel Federowixz, M.D. c/o Maryland General Hospital 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 2/16/87 Glen Haven Mem. Park-Glen Burnie STATE 24 FUNERAL DIRECTO Sterling Funeral Estate. P. A. 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 736 Edmondson Ave.; Catonsville, Md. 21228 (VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEM CERTIFICATE OF DEATH

- STATE REGISTRAR REG NO 20 DATE OF DEATH MONTH 1. DECEASED NAME 26 HOUR TYPE OR PRINTS Christopher Shelton David 20. 1987 February 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 5. DATE OF BIRTH IF UNDER 24 HRS 3 SEX White 1986 Male April 10 17 **BALTIMORE CITY OR COUNTY OF DEATH** BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X COUNTRY Baltimore City Maryland USA WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore St. Agnes Hospital NA USUAL RESIDENCE (IF NURSIFIED AME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13g STATE UI COUNTY 13e.STREET ADDRESS / ZIP CODE 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 184 Dunlap Road Pasadena 21122 Maryland A A Co. NO X 15 MOTHER'S MAIDEN NAME FATHER'S NAME FIRST MIDDLE MIDDLE LAST Shelton F. Fraser David E. Margaret-Ann ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (Father) (IF YES, GIVE WAR OR DATES) Mr. David E. Shelton Same As #13 No NA None APPROXIMATE PUTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from... sow the deceosed office on obove, (1) (we) (did) (did not him the book and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE THE DATE SIGNE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINCE 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY (SPECIFY) 1987 Meadowridge Mem. Park Feb 24 Maryland Burial

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DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR

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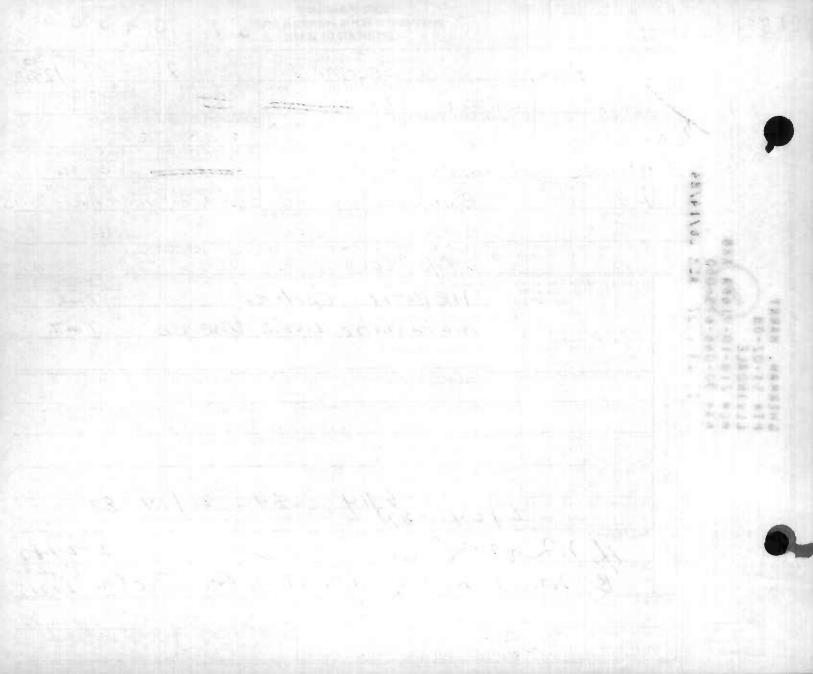
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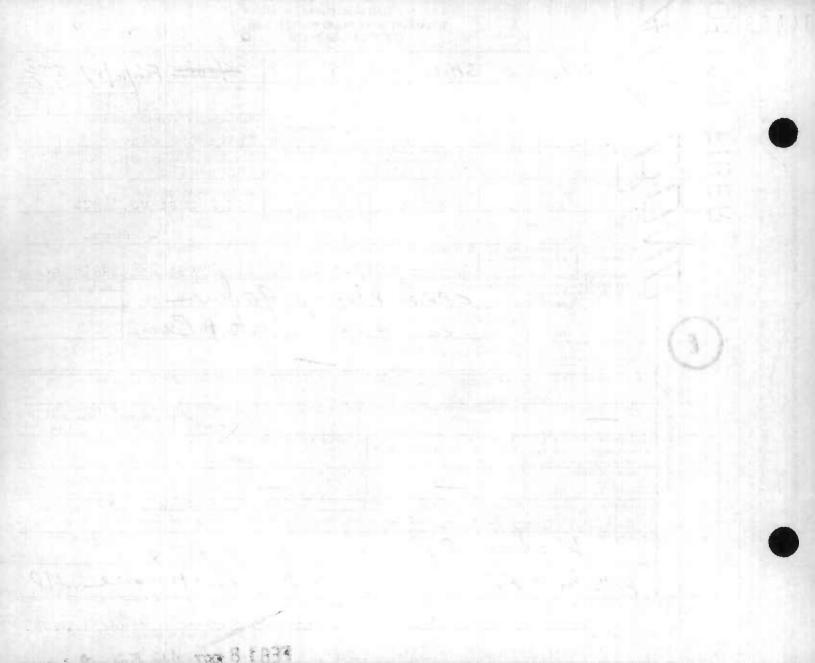
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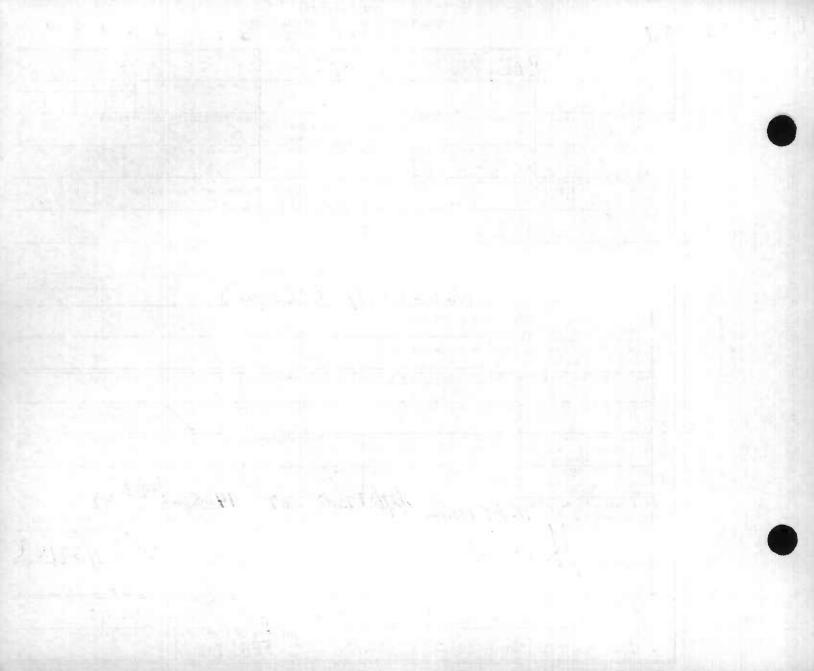




DHMH - 16 60M 7/84 (VRA 15, 4)

WITZKE 1630 EDMONDSON AVE. BALTIMORE, MD. 21229

250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH GISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) MAXINE Elliott SHOEMAKER 02-09-87 1 5EX 4 RACE 5 DATE OF BIRTH AGE UN YEARS LAST BIRTHOAY IF LINDER TYEAR MONTH Female White Oct. 1900 A HINTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia U.S.A. Baltimore City O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Belair Convalesarium Baltimore Seamstress Dress Shop SUAL RESIDENCE (IF NURSING 61 East Antietam Street COUNTY Washington Hagerstown Marvland 15 MOTHER'S MAIDEN NAME WIOOTE Samuel Mullen Fannie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 13206 Park Land Drive Mary N. Fink Rockville, Md PROXIMATE INTERVAL BETWEEN ONSET AND DEAD 215-18-1319 18 CAUSE OF DEATH Enter only one cause per line to 10 PART I. DEATH WAS CAUSED BY Y ARTERY DIS Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG EMENTIA 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) HILE NOT WHILE 10 02-09-87 22s.1 certify that it this Pasader attended the deceased from 01-10-85 and that in (my) (our) apinian death occurred on the date and have and from the causes stated DEGREE 221. DATE SIGNUE ATTENDING MEDICAL PHYSICIAN Y DIRECTON PHYSICIAN 22e ADDRESS 50 Scott Adam Road Luis E. Rivera Cockeysville, Maryland 21030 230 BURIAL CREMATION REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 2-12-87 Rest Haven Cemetery Hagerstown, Burial 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE . . . Hagerstown, Md. DHMH - 16 60M 7/84 Andrew K. Coffman Funeral Home, Inc. (VRA 15, 4)

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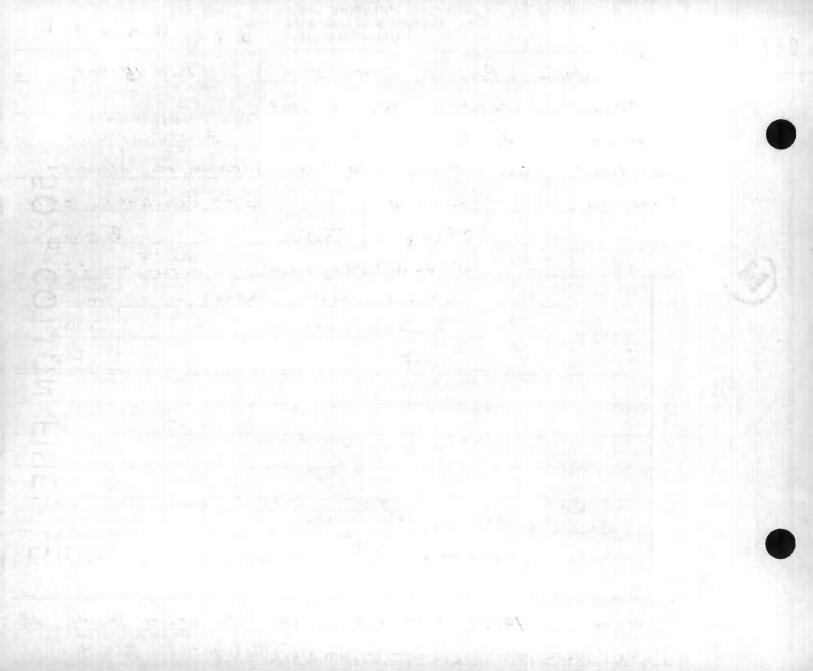
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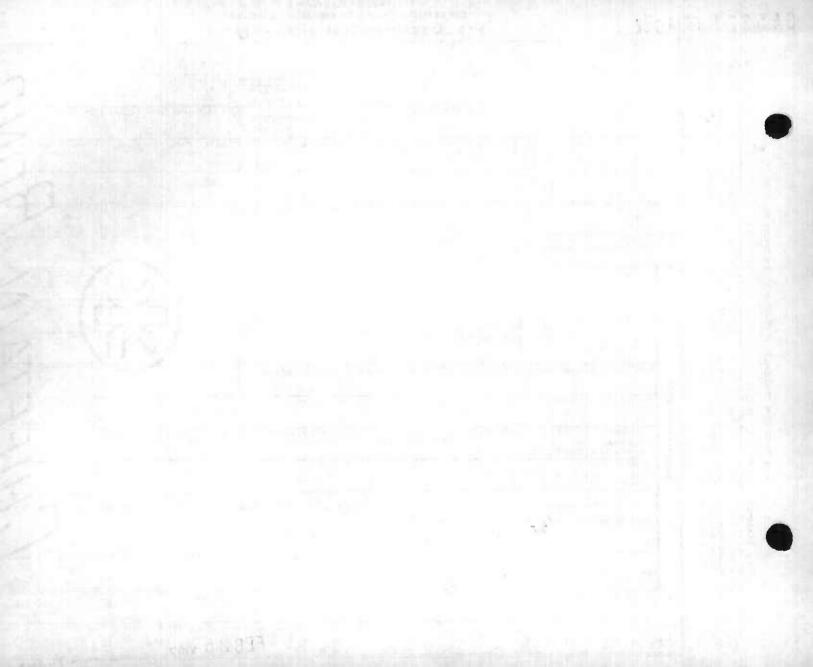
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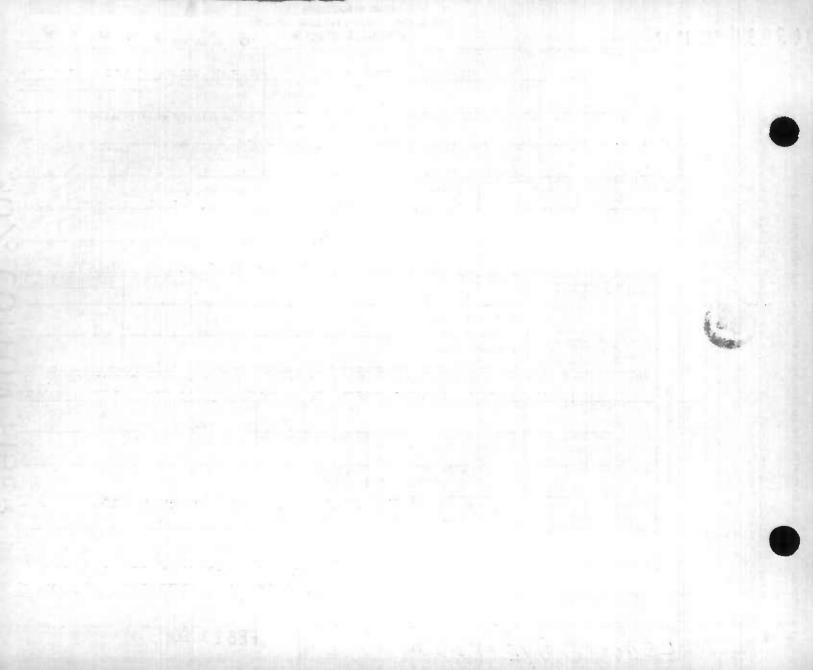
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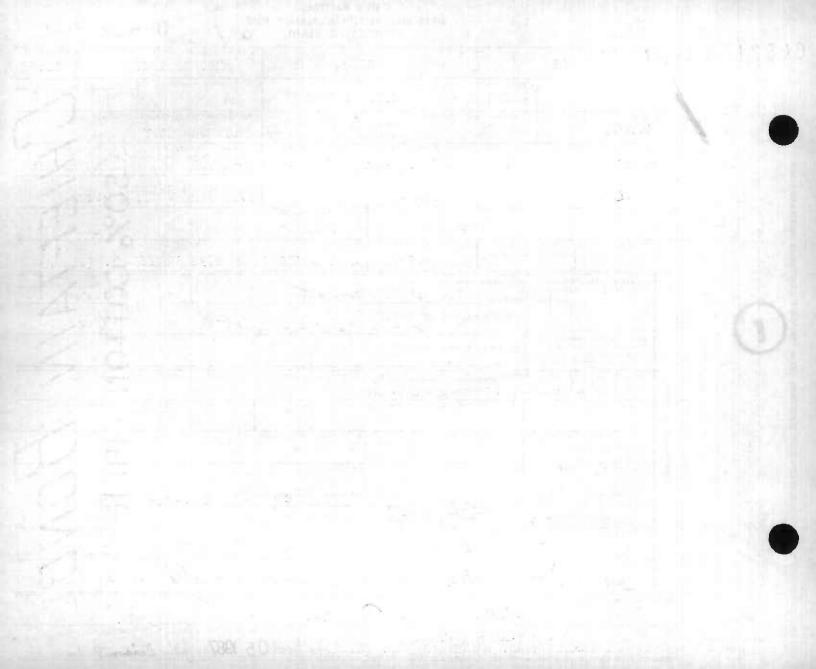


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH OREGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-ALEXANDER SIBISKI 21 1987 AND 3 TO THE PUNERAL DIRECTOR.
RETAIN PAGE 5 FOR YOUR FILES.
HOULD BE FILED, WITHIN 72 HOURS.
RECORDS, 201 W. PRESTON STREET, H. 4 RACE & AGE (IN YEARS IF UNDER 1 YR 3 SEX IF UNDER 24 HRS 2d HOUR DATE MONTH DAY LAST BIRTHDAY PRONOUNCED :40 A M 11/7/1909 DEAD 1987 77 YRS Male White 76 CITIZEN OF WHAT COUNTRY? # BIRTHPLACE (STATEOR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED X DIVORCED Maryland IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore 208 N. Conkling St. Beth. [Stee] Foreman/ AND 2 SHOULD B USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Md. YES X NO 208 N. Conkling St./21224 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE PIRST MIDDLE Sibiski Jausenschien Frieda John DIVISION O 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS 21224 LYES, NO. OR UNKNOWNI HE YES, GIVE WAR OR DATES) 213-07-4731 7229 Stratton Way Donald Sibiski 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A I CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF NO IX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE & SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 91 AFTER BETH WITH THE STATE DE BALLIMORE, MARY LAND, 21201 P STREET, FACTORY, FARM, ETC ) WHILE AT WORK CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Awapsy Inspection and in my apinian death resulted fram: Natural causes & Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 2-21-87 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial Lawn Cemetery 2/24/87 Baltimore 07/84 BP. Oak Md 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** FEB 2 5 1997 (VR A15 ME (5)) llv & Zeiler Inc. 1901 Fastern Ave



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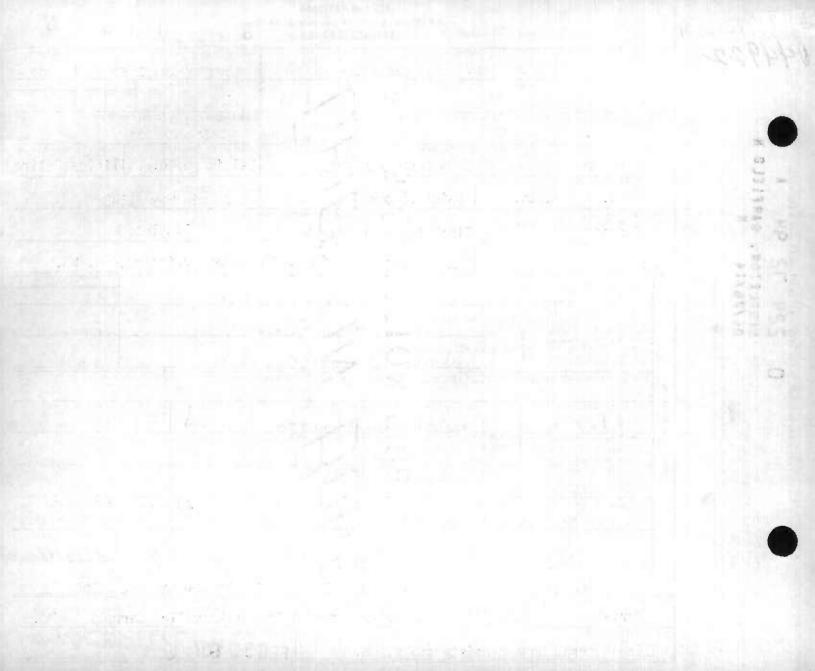




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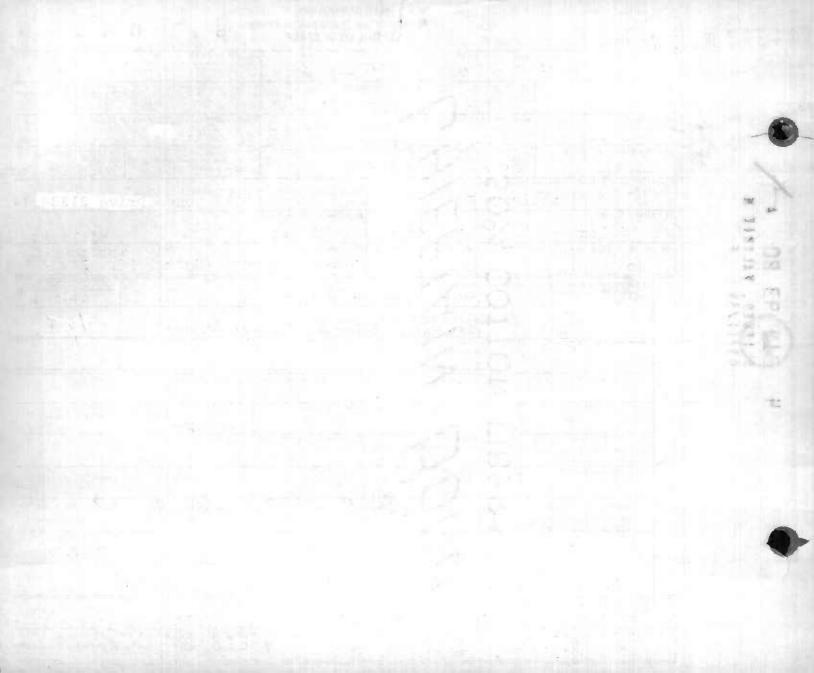
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 1. DECEASED NAME FIRST GARFIELD N. SINGLETON FEBRUARY 19, 1987 5:00 M 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX male Jane / 26, 1914 white 7a. BIRTHPLACE ( STATE OR FOREIGN 7b CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRYS Md. BALTIMORE CITY DIVORCED | WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Co. Utilities Retired THE JOHNS HOPKINS HOSPITAL BALTIMORE MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
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130 T Reisterstown 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 200 Erin Way 21136 YES 🗌 NOX FATHER'S NAME 15 MOTHER'S MAIDEN NAME Singleton FIRST MIDDLE FIRST George Singleton Sarah 16h SOCIAL SECURITY NO ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATES! Elsie M. Singleton Reisterstown, Md. 218-14-3054 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? Aprominal Ancherson YES [ NO [ 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 220.1 certify that (1)/(this haspital) attended the deceased from sow the deceased alive on 219
obove, (1) (we) (did (did not) view the body after death and that in [my] (our) opinion death accurred on the date and hour and from the causes stated 22h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (PRE OF PRINT) THE JOHNS HOPKINS HOSPITAL 600 N. WOLFE ST. BALTO, MD. 21205 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Md. 2/21/87 Lakeview Memorial Park Sykesville 24 FUNERAL DIRECTOR Julia Davidson Kan DHMH - 16 60M 7/84 Eline Funeral Home Reisterstown, Md. (VRA 15, 4)



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requiresound by the hospital on attending physician.  TO FUNERAL DIRECTOR: After this certificate has brould be detached for use as the bund-transit permit thin with the State Dept. of Health and Mental Hygiene price.  MAPORTANT: If them 21 is marked or item 18 shows any miles.	MEDICAL	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTHY MEDIC 21d. INJURY OCCUR! WATHE NOT WE AT WORK AT WO 270.1 certify that (I) sow the decess obover(I) (we) (C 27b. SIGNATURE 27d. PHYSICIAN'S NA 27d. PHYSICIAN'S NA	AUSE OF DE. CALEXAMINE! RED  (Ithis hospi ad alive on Aidi (did no	ATH HOUR A R) P 21e PLACE (AT HOME, ST  itol) ottended th  otty view the body  WRM  DR PRINT)	.M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE, the deceosed from	FARM ETC)	211. LOCATION STREET  . 19 dd that in (my) (our) opi DEGREE  ATTENDIN PHYSICIA  22e ADDRESS  S.F. A COMES	87  Binion deo  NG AN D	CITY OR TO	Y IN HEM 18 PA	COUNTY	STATE that (I) (we) lost couses stated
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DHMH - 16 60M 7/84 {VRA 15, 4}	24 F	UNERAL DIRECTOR NAME An	atomy	y Board	ADDRESS	Balt	250 nd.	FEB	0 7 1987	1 . 4	Davider.	A .

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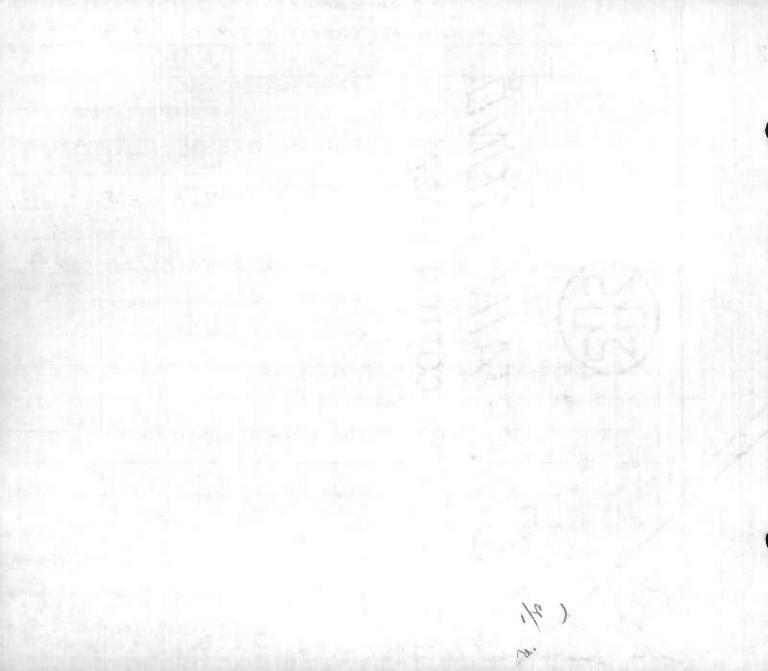
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 20 DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR LITYPE OR PRINTS 8:55 SLIFKER FEBRUARY 10, 1987 VALERIE M 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IE LINDER 24 MDS 3. SEX MARCH 11 1939 FEMALE WHITE 70. BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY Ireland WIDOWED DIVORCED Y Ireland 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR LIYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY JOHNS HOPKINS HOSPITAL BALTIMORE Sales Smythe Jewelers USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore Md. Baltimore 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 7719 Oueen Anne Dr. 21234 NO X 15 MOTHER'S MAIDEN NAME & FATHER'S NAME Violet William J. McCready Williams ADDRES 283 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT Throgmorton (IF YES, GIVE WAR OR DATES) Beverly Harvey (dghtr) Rd. 213-40-1350 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for jo), (b), and (c) PART I. DEATH WAS CAUSED BY: CARdio DulmonARY 5-10 MIN IMMEDIATE CAUSE (a). CERVICA STAGE IL Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED DEGREE MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS PETERSON 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) CITY OR TOWN Parkwood Baltimore Burial Md. 24 FUNERS Childrenek Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 9705 Belair Rd., Balto. Md. 21236 (VRA 15, 4)



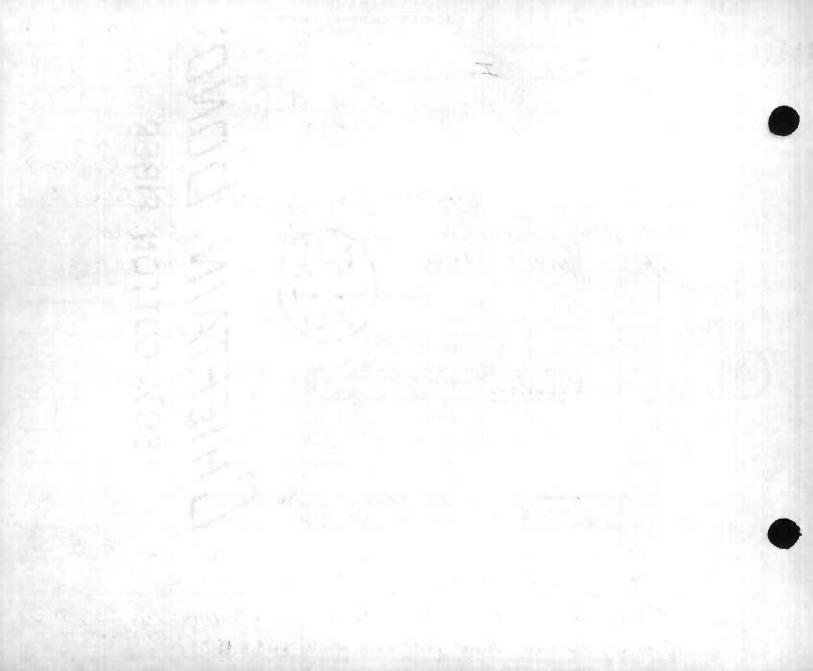
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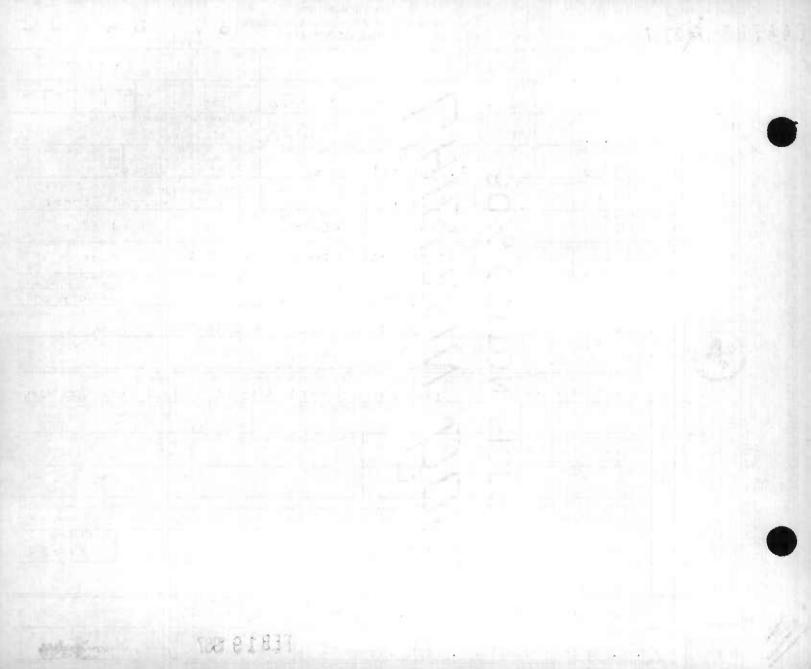
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO LDECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-GES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. WA PM.3. SETAIN PAGE 5 FOR YOUR FILES. AND 2 SHOULD BE FILED. WITHIN 72 HOURS. OF VITE RECORDS. 201 W. PRESTON STREET. DEATH MATED 2-5-87 WILLIAM SMALL 19 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED DEAD 2-5-87 7:16a9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Maryland General Hospital Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INST 130 STATE 13c. CITY OR TOWN 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRES YES Z 14 FATHER'S NAME FIRST MIDDLE MIDDLE CEASED EVER IN U.S. ARMED FORCES? INFORMAN1 160. WAS D R UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cirrhosis of the liver DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HE DI PRIOR TO BURIAL, USED. 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES K NO [ 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 0 CONTRIBUTING CAUSE OF DEATH NER: THIS CERT CATE, WRITING FORWARDED 1 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 11. LOCATION AT WORK AT WHILE TO MEDICAL EXAMINER: THIS CAN EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BAȚIM DRE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNATURE Assistant EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street TYPE OR PRINT ADDRESS\_ 07 84 BP 25M 24. FUNE 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))



		1			STATE OF MARYLAND				
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OR A DIREC oched Dept.			11 //	dman M.D.	ATTENDING	MEDICAL _ STAF	1 1
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TO HOSPIT. TO FUNER should be a with the Str	1		GAIL A REE	יבויי אחויים	611 S. CHA	rus st	BALTIMORE MD
E F S S E	1		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY A STATE
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DHMH - 16 60M 7/3	84	4 FU	NERAL DIRECTOR .	ADDRESS			256, REGISTRAR'S SIGNATURE
(VRA 15, 4)			E.C. Phillep	6 1721- ZADDRESS	monraest, FF	R 2 6 1087	Julia Tendron Rudale

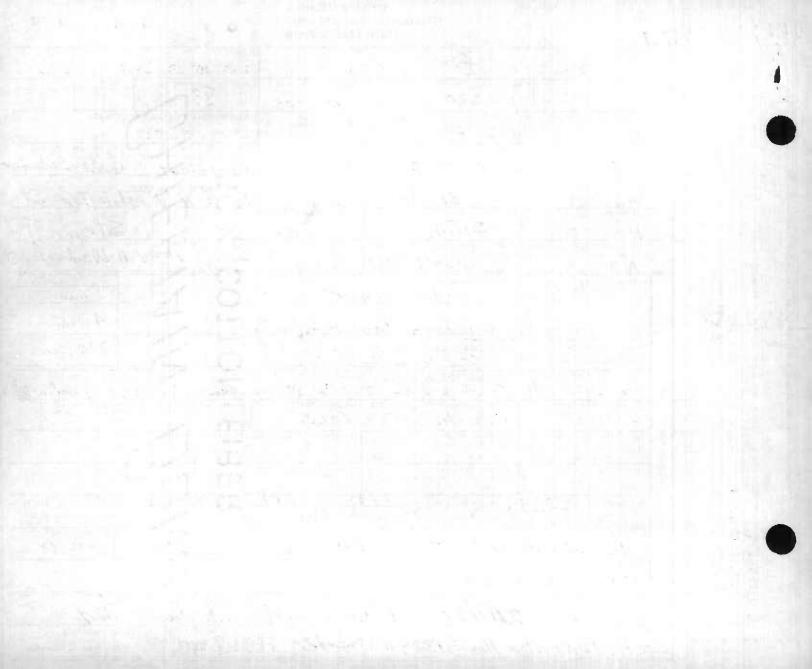
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1		WAS DECEASED EVER IN U.S. A		166 SOCIAL SECL	Sat 2	17 INFORMANT		ADDRESS		
1 1/		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	220-36	-9484	Earl A. Sm	nith, S	r. Sam	ne as #	113
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STATE OF MARYLAND

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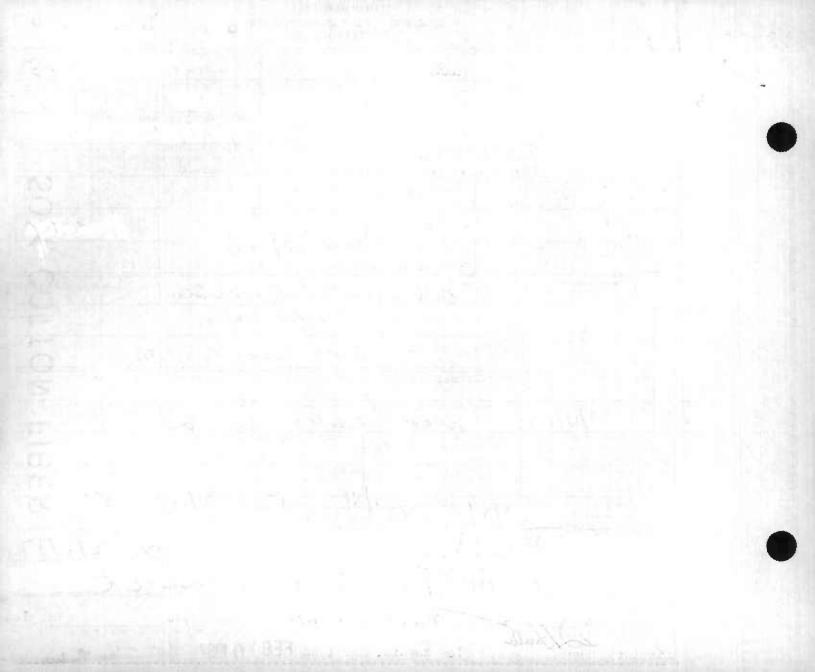


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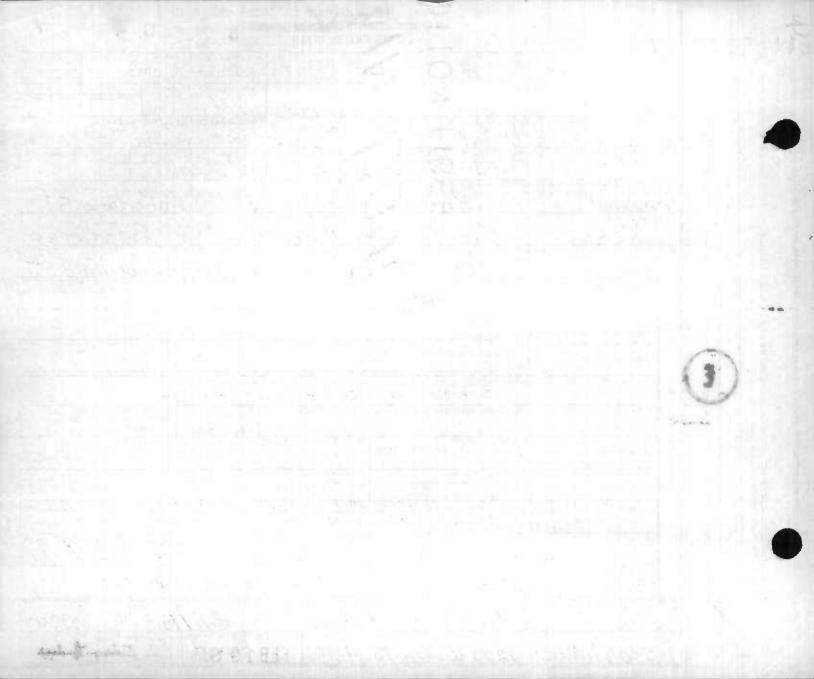
Singleton Funeral

Home

STATE OF MARYLAND



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NO 4 100 1			DUE TO, OR AS A CONSE	QUENCE OF			- 201	
A de	-	Conditions, if ony, which gove rise to immediate	(b)					
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9 1	Z	Later Control of the Carry Con	Dementia				EN IN PART TO	3
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The state of the s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJU	RY OCCURRED (ENTER NA			но Ц
ON SECOND	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
NISIO Office the through	MEE	MILE NOT WHILE AL WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.)  211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
Q 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		220 I certify that K (this hospital				February 8		that X (we) last
CTO OFF		saw the deceased alive an abave, (** (we) (did) (did)	rew the bady after death.	9 <u>87</u> , and that in (m)() (as	ur) apinian death accurre	d on the date and has	ar and from the	causes stated
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O FUNE hould be		FUAD SH	IHAB, M.I	22e ADDRESS	Maryland G	eneral Hos	pital	
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and Mer	MEDICAL	714 PHIURY OCCURRE	D	21s. PLACE	OF INJURY	PICE, FARM; ETC.)	211 LOCA			CU+ CH I CHH		Ouett	51419
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he law re an. has been t permit.	2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATIO		200 AUTOPSY? YES NO	206. IF YES, WERE IN CERTIFYING C YES	CAUSES OF DE	
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the he	=	×	Carol S.	Ramse	D. (	ATTENDING	MEDICAL STAF		2/19	18.
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efoined by TO FUNER, should be d	5 /		Carol S. R	amery D	0	Lh	Bond St	- 41	6 MD	212
Of Of State	-	23a F	URIAL, CREMATION, REMOVA		23r NAME OF C	EMETERY OR CREMATOR				
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HIL . Hone to Hone July House 13 1 N. - on 81., 21-61 Herring H 218 NO WELL Bowen F. Weisheit, Belain, Mil at 14 Market Control of the 02150., inucian (11/1) (190n vount Herry ... Janeine wann Uo. 48 5 York Food Ello, NO 21218

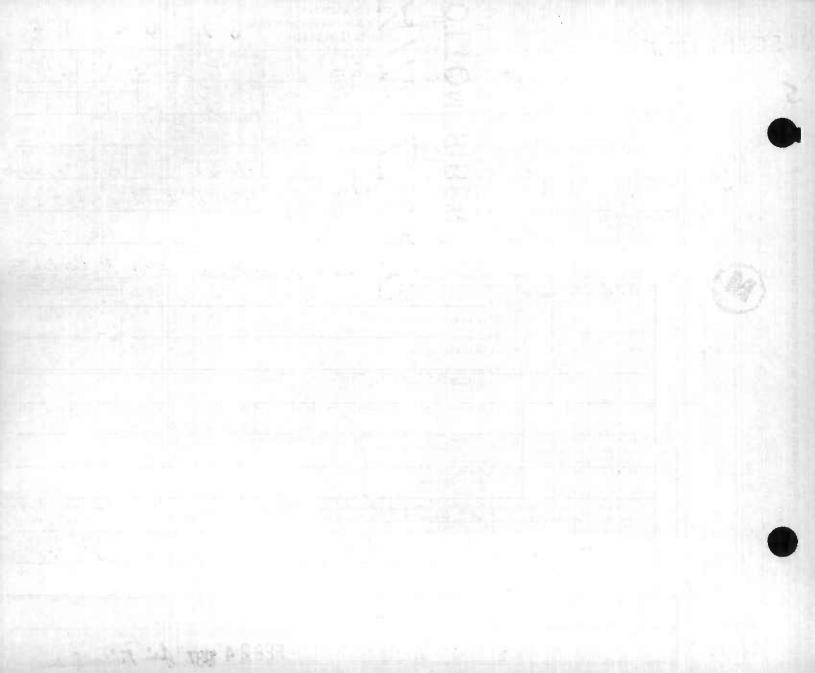
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Page 4 r. director. hours offi		MALE	BLACK	DEC 4 1904	9 BALTIMORE CITY OR COUNTY	OF DEATH( >
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astrending sport of the state o		saw the deceased alive on	2/10/19		n death occurred on the date and ho	ur and from the causes stated
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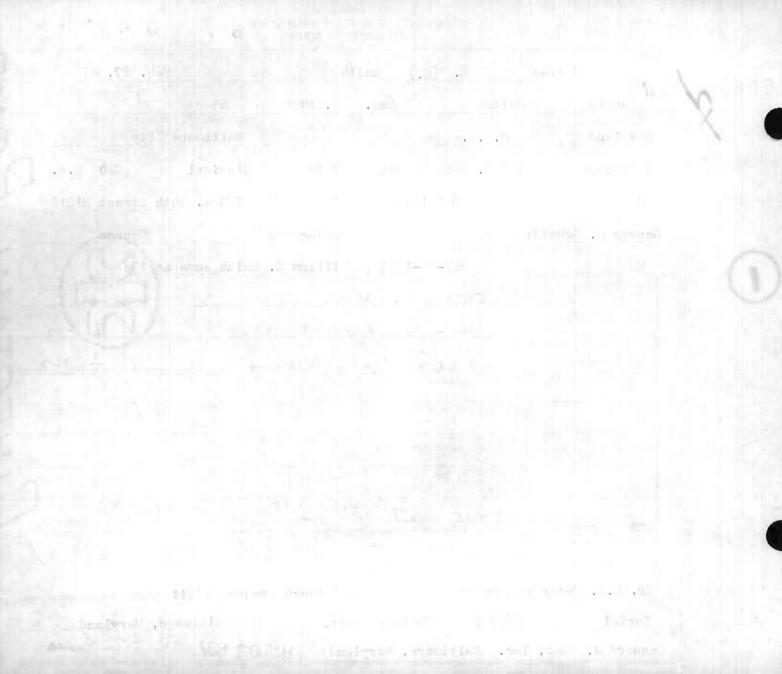
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO \* DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR (TYPE PRPRINT) 2 Jargare & AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS MONTH YEAR 70 BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY TIMOSE WIDOWED DIVORCED [ ndiani ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY TIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE N. Boseda NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST .. MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO 17 INFORMANT ADDRESS LYES NO OR UNKNOWN) LIFYES GIVE WAR OR DATEST APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIO 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ Hygie 21g. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR LOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 21 19. saw the deceased alive an, and that in (my) (our) apinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat) yiew the bady after death 22b. NATURE DEGREE 22c DATE SIGNED ATTENDING FUNERAL PHYSICIAN [ DIRECTOR PHYSICIAN MPORTANT 2/d PHYSICIAN'S NAME THERE OR PRINTS 22e ADDRESS the the ONZAIET 0 230 BURIAL CREMATION REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY 2/25/87 Md. Nat. Mem. Pk. Laurel, Buria? 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Wm C March F/H West 4300 Wabash Ave. (VRA 15, 4)



STATE OF MARYLAND

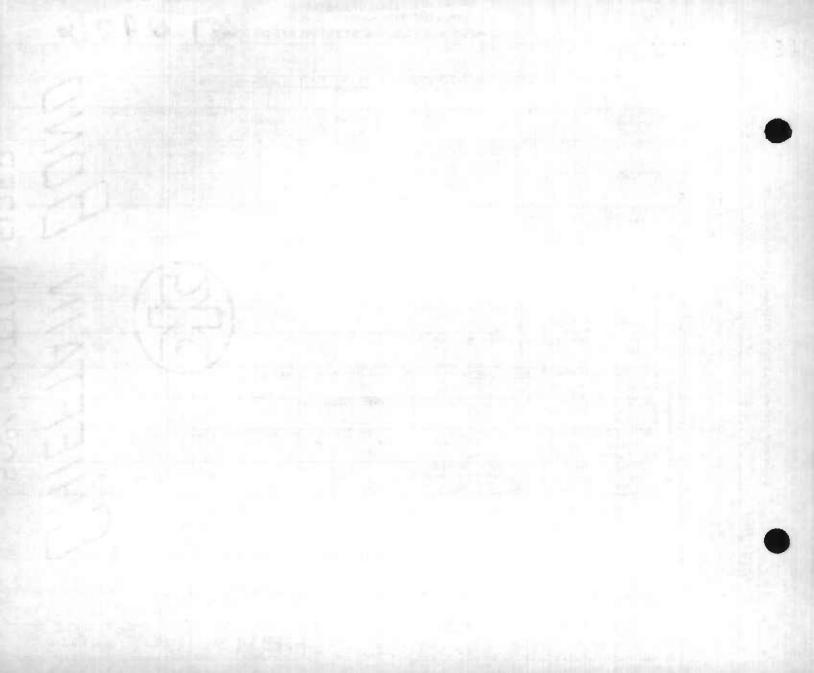


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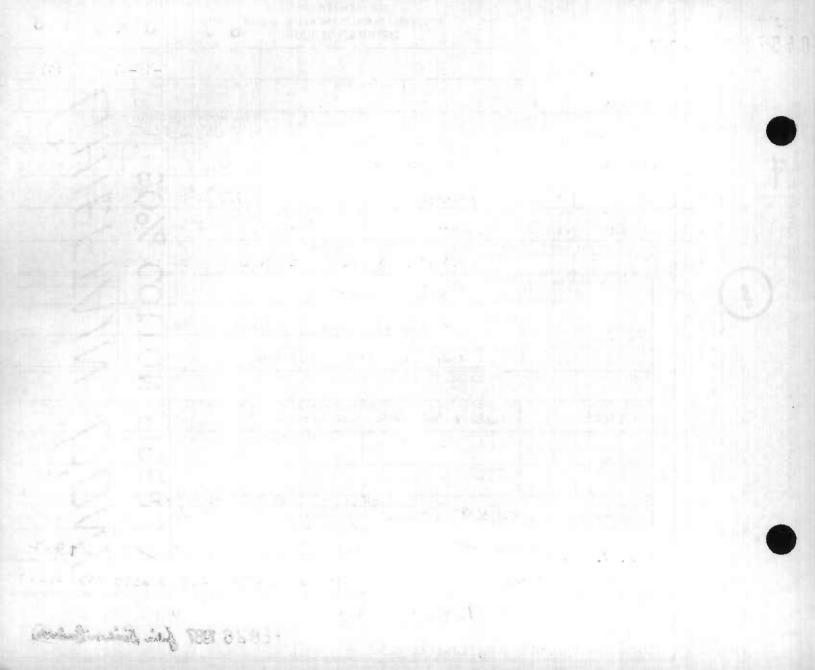
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR FIRST L' DEGEASED NAME 20. DATE KNOWN X MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-SHIRLEY Μ. SMITH 2-8-87 4 RACE EX & AGE UN YEARS IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS 24 HOUR DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED B 43 15 43 2-8-87 6:13AYRS 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA WIDOWED K DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING (IFE) HE NOT IN SUCH EACHITY GIVE STREET ADDRESS) CAIN P 1905 N Castle Street Baltimore ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION ALTIMORE, MD. 21201 MD STATE 113b. COUNTY BALTO. 13d. INSIDE CITY LIMITS? 2333 AIKEN ST 21218 YES X NO [] 4 FATHER'S NAME GMIDDLE 15 MOTHER'S MAIDEN NAME DAVIS ANIDDLE BERNARD ERVIN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215403790 LILLIE M. DAVIS 2333 AIKEN STREET 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY PNEUMONIA IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION 19a DATE OF OPERATION E 3 SHOULD BE USED / DEPARTMENT OF HE II PRIOR TO BURIAL, O 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO. 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH STATE DEPARTA STATE DEPARTA S, 21201 PRIOR 1 MEDICAL 21e PLACE OF INJURY LATHOME. 21d. INJURY OCCURRED 21f LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAG AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 AT WORK Autopsy X 220 I certify that I took charge of the remains described above, held an and in my apinian death resulted fram-Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 2-8-87 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION STATE COUNTY BURIAL 2/13/87 BALTIMORE CEMETERY BALTO. MD BP. 07/B4 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** MARCH FUNERAL 1101 E. NORTHA AVE. (VR A15 ME (S)) HOME



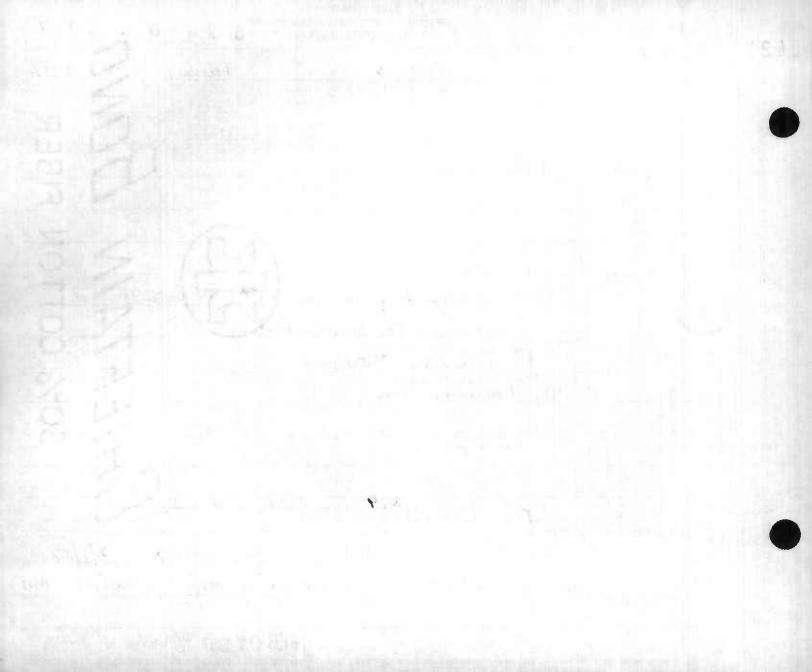
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IL REC	he law r on. hos bee r permit.	CERTIFICAT	190. DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATION WA	S PERFORMED	YES NO	206 IF YES, WEE	RE FINDINGS USED CAUSES OF DEATH?
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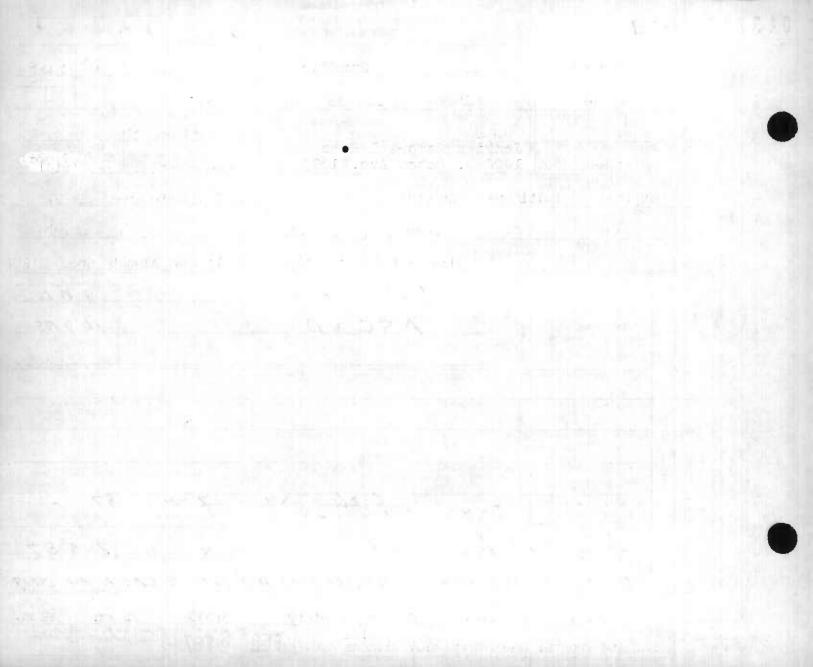
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00 %	mit. I	2/1	ATIC	190 DATE OF OPERATION	196. CONDITION FOR WHIC			20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
t RE	hos	S MO	CERTIFICATION	1/23/87	Ruptined Abd	. Aortic	aneurysm.	YES NO	YES T	AUSES OF DEATH?
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(VRA 15, 4)



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in view	DIL 19a	DATE OF OPERATION	196. COND	DITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	28e AUTOPS	Y?	20b IF YES,	, WERE F	INDINGS	USED
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ž	73a RI IPI	AL, CREMATION, REMOVA	AL 23b. DATE			EMETERY OR		123d, LOCATIO				-/	CICE/
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME UNRAL DIRECTOR. T 5 FOR YOUR FILES O WITHIN 72 HOURS DATE KNOWN 2h HOUR TYPE OR PRINT OF ESTI-M. DEATH MATED MARY SPARKS 19 87 3. SEX 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. LIF UNDER 24 HRS 5. DATE OF BIRTH 2d HOUR DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED 12:20 P M 11 22 64YRS White Female DEAD Th. CITIZEN OF WHAT COUNTRY? a BIRTHPLACE (STATE OR JELAY BELLAND AND HEEF STORY AND HEEF FILED, WITHIN 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGH COUNTRY) MARRIED NEVER MARRIED USA WIDOWED IX DIVORCED Baltimore City III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LEVER OF WORK 1126 KIND OF BUSINESS Laborer Eastern Bld Baltimore 4800 Frederick Ave. 4800 Frederick Ave 21229 13d. INSIDE CITY LIMITS? Baltimore YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALIDDA F Isabelle Flaherty Joseph Sparks 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT t. Lauderdappess Florida 33325 166 SOCIAL SECURITY NO. DIVISION 215-30-7548 Samuel Sparks 12431 S. W. 7thST N/A CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Chronic alcoholism E 3 SHOULD BE USED / DEPARTMENT OF HE 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? Head Only YES W NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME III. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OF TOWN STATE EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFER DEATH WITH THE ST
BALLIMORE, MARYLAND: 2 Head house of the remains described above, held an 22s I certify that I was Infural/courseXX death resulted from Homicide TITLE (SPECIFY) ACTUAL M.D. Assistant 2-20-87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 02-24-87 Security Process Cremation Catonsville, MD 07/84 BP 24 FUNERAL DIRECTOR Catonsville, MD DHMH - 17 Cremation Society of MD 21228 (VR A15 ME (5))

STATE OF MARYLAND

(VRA 15, 4)

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ge 4 mo	3 SE)	Female	4. RACE White	9	5. DATE C	y 6, 1924 YEAR	6. AGE JIN YEARS LAST I	YRS.	MONTHS DAYS	HOURS M
nerol dir	J∉ BI	RTHPLACE   STATE OR FOREIGN COUNTRY  Maryland	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	DXX NEVER MARRIED	9 BALTIMORE CITY Baltimo	-		
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thin thin	14. FATHER'S NAME					15 MOTHER'S MAIDEN NA	ME			
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Poges medical	16a V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO 7	Christopher	C. Speed P.		73, G	210 lyndon
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ADDRESS

Balto., Md

ulia Divideon- Kondall

FOR

24 FUNERAL DIRECTOR

Anatomy Board

DHMH - 16 60M 7/B4

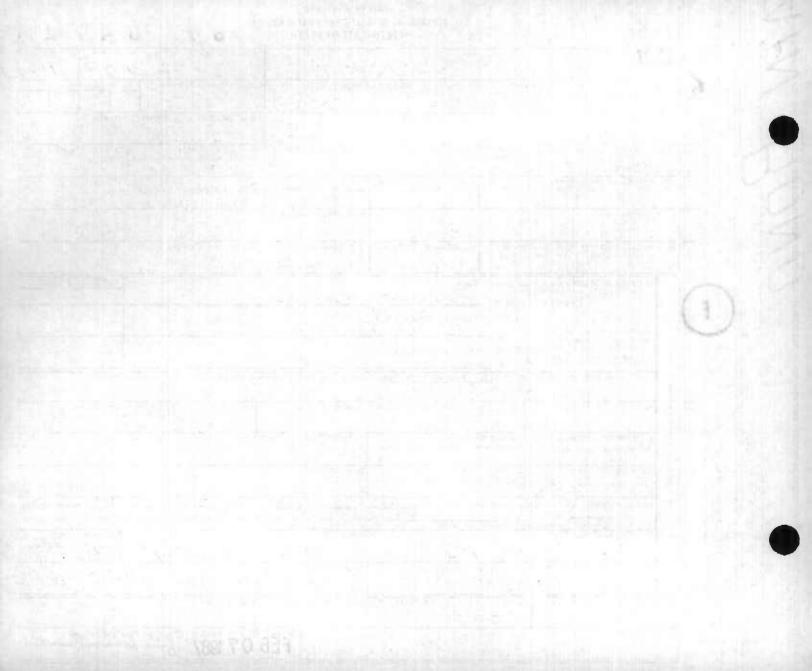
(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	201	REGISTRAK				TOTAL OF BEATT	REG. N	10.		
		CEASED NAME FIRST H. Wils	on Spies			ASI	Pebrua	ry 12 1	987	26 HOUR 4:238 M
	3. SEX	ile	Caucasian		Appril	DF BIRTH 1 27 1903 YEAR	6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	
1		RTHPLACE (STATE OR FOREIGN	The CITIZEN OF WH			D NEVER MARRIED	Baltimore C		OF DEATH	MD
1		TY OR TOWN OF DEATH		SPITAL, NURSIN		OR OTHER INSTITUTION	Technician PST	ION OF WORKING LIFE	126 KIND (	of Business or er Business
-	0.70	AL RESIDENCE (IF NURSING HOME OR DE LA PARTIE )		E RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13. <b>3602 ADMAS</b>	Pardopa	lvenue	21207
100		ther's name corge "C. Spies	MIDDLE	LAST		Mary E. Piqu	Ltt MIDDLE		LA	21093
)	no no	VAS DECEASED EVER IN U.S. AR. ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16 E WAR OR DATES)	213-05-6		722 Bomont Po	ad I	uther vi	lle	Maryland
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	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDI	
100	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 210 INJURY OCCURRED WHILE ALWORK NOW, LOOK ALWORK ALWORK	HOUR A.M. P.M. 21e PLACE OF	MONTH DA	19	216 HOW INJURY OCCURE 211 LOCATION STREET	ED (ENTER NATURE OF INJU		COUNTY	STATE
		22a.1 certify that (brithis hospi saw the deceased the on above, (b) we) Gird (c) did no 22b SIGNATURE				nd that (TDV) (our) opinion of DEGREE  ATTENDING	death occurred on the c		and from the	that (I) we lost e couses stated
		22d. PHYSICIAN'S NAME (TYPEO	RPRINT)			PHYSICIAN [	DIRECTOR PHYSI	PINA	- (	2185
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			

DHMH - 16 60M 7/84 (VRA 15. 4)

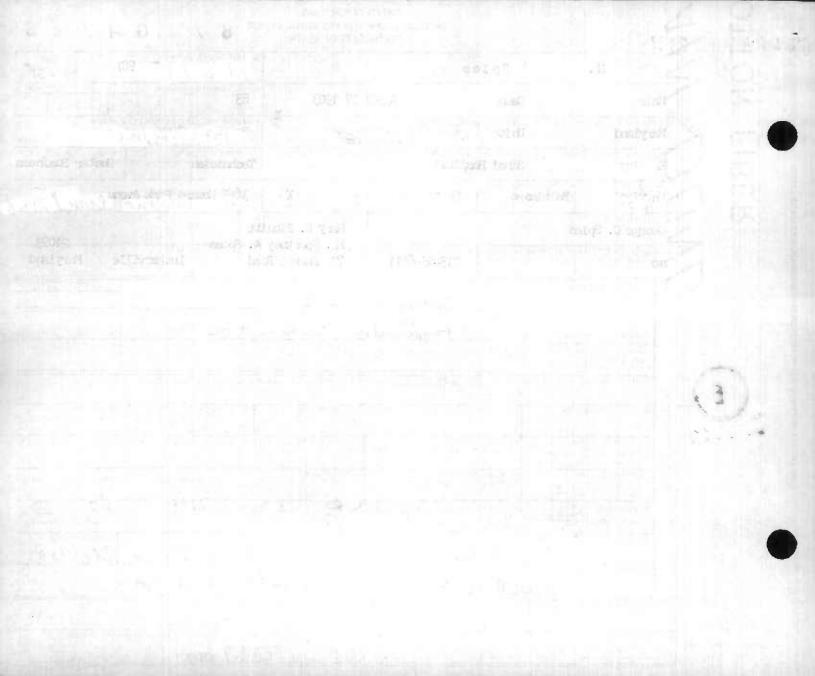
Burial 2/16/87 Lorraine Park Cemetery

Baltimore

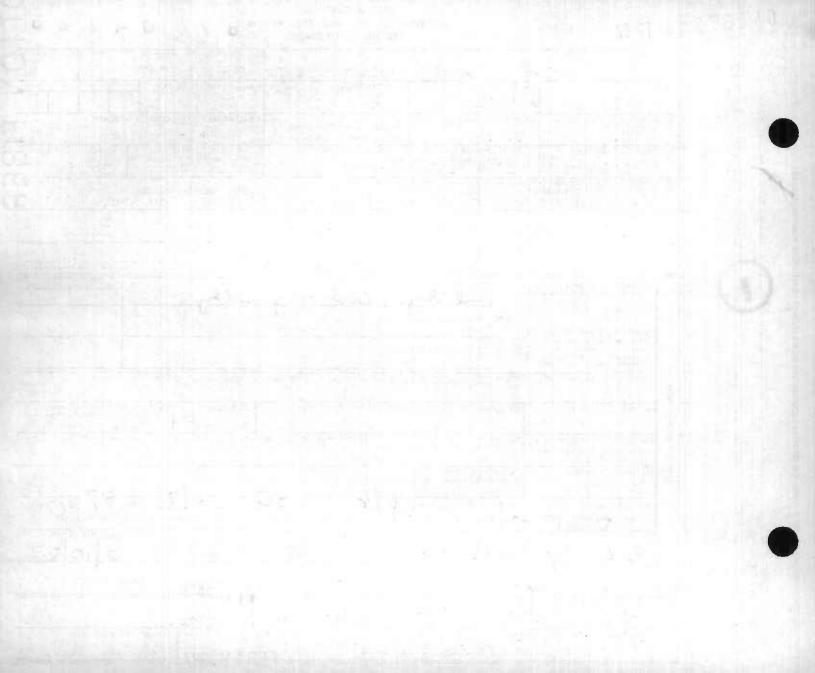
Baltimore MD.

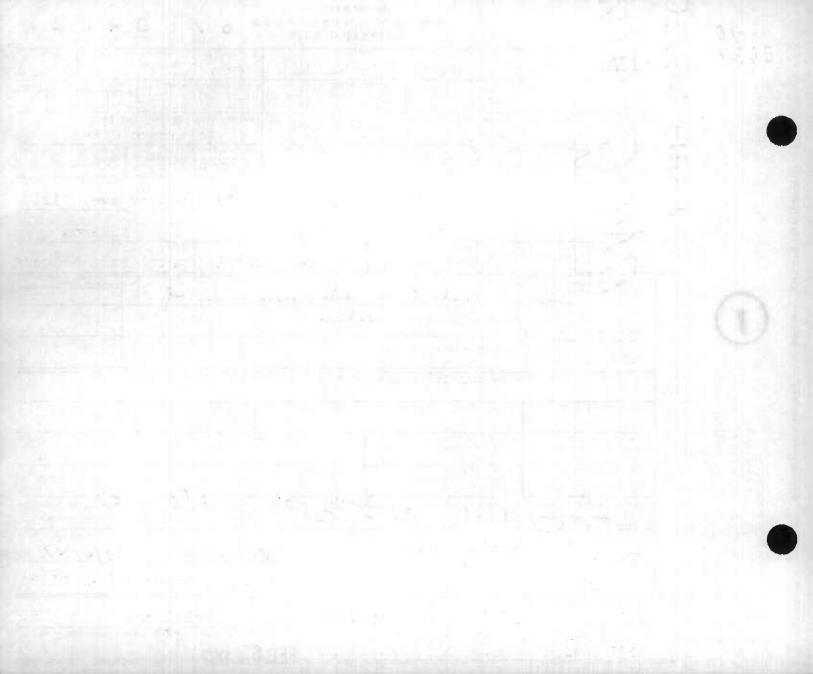
24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 8728 Liberty Road Randallstown, MD. 21133 FEB 1 7 4007

FOR STATE

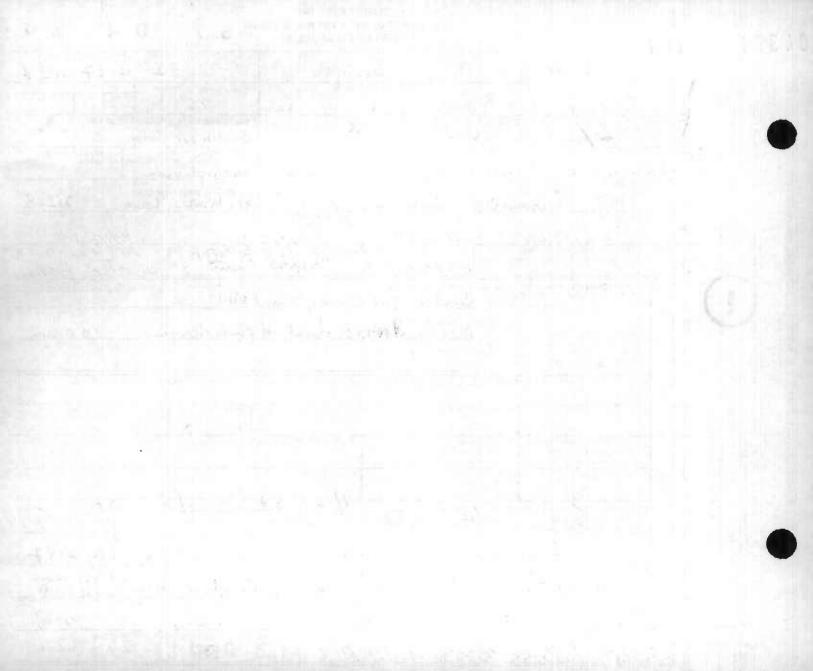


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Po p	\$ 5	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	□ NEVED	MARRIED -	9 BALTIM	ORE CITY OF	COUNTY	OF DEATH		
ner o			Md.	U.S.	Α.	WIDOWE		NORCED [	В	altimo	ore	City		MD
e fo	P	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INS	NOITUTION		OCCUPATION FOR MOST OF			OF BUSIN	ESS OR
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hin hin	Je su		THER'S NAME		IDALCIMO	71.0		'S MAIDEN NA		) Daa.	icy .	AVC.	212	13
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1	E/		nknown		212-10-	-6394	Shar	on Ada	mski	(dgh	tr)			
total and	ent, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY:	er line far (o), (b), an	d IC	a le	-	- 1	0	9	BETWE	OXIMATE INTE	ERVAL D DEATH
1 P	ic ev		IMMED	IATE CAUSE (o)_	000	70			Y	3				
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of th	se re other		cause (0), stating the underlying cause lost.	DUE TO, O	OR AS A CONSEQUI	ENCE OF								
res th	ouriol y, pr		PART 2 OTHER SIGNIFICAN	T CONDITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEA	SE OR COND	OITION GIV	VEN IN PART	110	
nbe sid	r to	CERTIFICATION												
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PHYS indin	O LO	EDI	21d INJURY OCCURRED		E OF INJURY	ARM FIC )	211 LOCATI			CITY OR TOV	WN	COUNTY	74	STATE
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D a A	s mo		22a I certify that (I) (this ha	spital) attended t	the deceased from_	0	0	19 0	J., 10	2	1	19_0/	_, that	ye) last
prio TTE	of H 21 i		saw the deceosed alive above, (Liwe) (did) (did	ngi) view the bod	ly after death	8, an	d that in (my	) (aur) opinian	death accur	ed an the da	te and hav	and from t	he causes s	tated
OR A e hos DIREC	Hem.		226. SIGNATURE	0 ,			EGREE					22c. DA	TE SIGNED	)
	Store D ANT: If	2.	R.K. W	orbot	J-ws			PHYSICIAN [	MEDICAL	STAF	F IAN []	2	10/5	TC
HOSPITAL ned by th	TAN		22d PHYSICIAN'S NAME	E OR PRINT)	1		22e ADDRE					1	1-18	
O HO efforme	with the State		Dr.	owrkof				00 Osl	er D	rive,	Sui	te 20	5	
T e	un 5 <u>≤</u>		SURIAL, CREMATION, REMOV					CREMATORY	23d LOC	ATION		COUNTY		STATE
BP			Burial	2/11/8	7 M€	eadow	ridge	Mem.	DIL	Balto		COUNTY		Md.
DHMH - 16	60M 7/84	24 F	SCHIMUMek Fu 331 Brehms I	uneral	Home, Ir	nc.		25e DAT	E REC'D. BY	REGISTRAR	256 REGIST	TRAR'S SIGN	ATURE	
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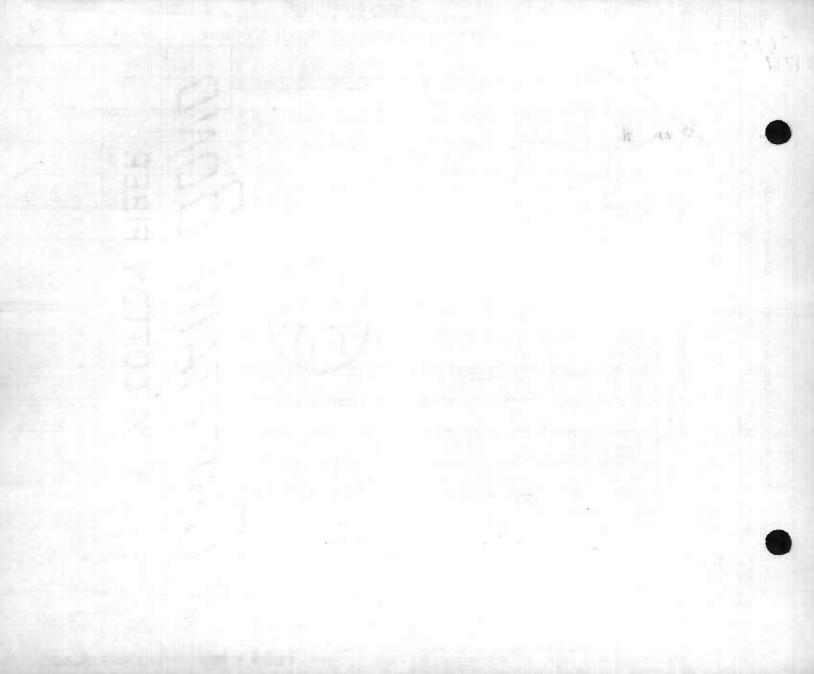


-					STATE OF MARYLAND		
0431	6   8 FFR I	1 -	FOR STATE REGISTRAR	DEI	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 /	04/28
	* w=		EASED NAME COLLEGE	MIDDLE J.	CAST	20 DATE OF DEATH MO	
	page r deat	3 SEX	Collec	T4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)	T OT III MM
	ctor.	3 JLA	Female	Black	MONTH DAY YEAR	75	MONTHS DAYS HOURS MIN.
	tonce dire		THPLACE CLASF OR FOREIGN	The CITIZEN OF WHAT COUNTY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or C	
	offer d	1	timere City	11. NAME OF HOSPITAL, N	STREET ADDRESS)  Avyland Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
2120	hours d in b l be fil		L RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE NTY	E BEFORE ADMISSION)	13e STREET ADDRESS / ZI	
ARYLAND	rin 24 rhould should		md Ball	himma City Bo	Winds NO 1	801 Winters	Lane 21228
MARYI	ampletel	I4 FAI	HER'S NAME LINKNOW	MIDDLE JOHN	15. MOTHER'S MAIDEN N	/ MIDDLE	Sohnson
IMORE	ond co		AS DECEASED EVER IN U.S. AI S, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL USE WAR OR DATES) 059	10-5967 PROPERTY NO.	Chart 80/	Winters Line
ST., BALI	event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA	inly one couse per line for (a), ED BY: ATE CAUSE (a)	to- Pulmmany Star	ndefil	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
	anotic motic			DUE TO, OR AS A CON	SEOUEN SE OF	La	1010
W. PRESTON	by the attended see remay , crematical		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF	nemarnage	19 days
DS, 201	signed to hen pleo to burial, njury, or a	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1/0
RECORDS,	s been spriar priar		90 DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION WAS PERFORMED		Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
A	The Ician.	100	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121. HOW MINING OCC	YES NO X	YES NO
OF VIT	SICIAN T ng physici certificate irrol-tronsi entol Hygi frem 18 sh		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART I OR PART 2)
NO NO	HY Par	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	21f. LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION	offer the as the arked arked	2	WHILE NOT WHILE AT WORK	(AT NOME STREET, PACTORT, C	11.	2 2/1	
	DR: A		220.1 certify that the (this those saw the deceased alive or	pitol) ottended the deceased		7 to A 4	and hour and from the causes stated
-	RECTORED FOR THE RECTOR		above, (I) (ye) (did) (did)	of view the body after death.	DEGREE	a deom occurred on me date	22c. DATE SIGNED
	TAL OI y the RAL DII detoch tate De		4na	les then 9	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	V 12/11/07
	A See E		224 PHYSICIAN'S NAME TYPE		22e ADDRESS	100 / 11	225 green
	should to with the	10.5	CHARLE		- mD Univ. of	Maryland H	esp. Balty MD
	BP	230 BL	CREMATION, REMOVA	23b. DATE 27-87	MANAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	J COLARY may
	DHMH - 16 60M 7/84	24 FUI	NERAL DIRECTOR		250. D	ATE REC'D. BY REGISTRAR	REGISTRATES SIGNATURE
	(VRA 15, 4)	1	seph L.P.	150 2372 W	North Ang. FE	B = 9 987	he Denderm Rondock



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4 4	actor. p		3. SE	Male		4 RACE Whi	te	5. DATE O		1947	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS	DAYS	HOURS	R 24 HR5 MIN.
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156	Today.	00/2	16a. \		U.S. AR	MED FORCES?	313-46		Christ		ader 8851	DRESS Ma: Baltim	ryla:	nd St.,	2076 Sava	ge,
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AL K	it per	SWO /	TE								YES NO		TIFYING (	CAUSES	OF DEAT	
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e 0	Dept	If her		226. SIGNATURE	. 1	De l	10.		DEGREE	ATTENDING	MEDICAL S	TAFF	22	DATE	0 1000	-
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			23a E	BURIAL, CREMATION, R	EMOVAL				EMETERY OR		23d LOCATION		COUN	ity	5	STATE
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DHMH - (VR	16 60M A 15, 4)			larzullo Fu	nera:	l Servic	ADDRESS 1	Jpperc	o, Md.	750. 04	EB 13 198		strar's s			head

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWNY IF ANY DELAY IS NECESSARY, PLEASE
AND 3TO THE FUNERAL DIRECTOR.
RETAIN PAGE 5 FOR YOUR FILES.
SHOULD BE FILED. WITHIN 72 HOURS
I REGORDS, 701 W-REESTON STREET. (TYPE/OR PRUNT) OF ESTI-)R. JACOB STAIMAN DEATH MATED 19 87 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 1 SEX 2c. DATE 2d HOUR LAST BIRTHDAY 7:45 PRONOUNCED JUNE 13,1905 1987 MALE WHITE 81rs DEAD MARRIED NEVER MARRIED XX 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK USA DIVORCED Baltimore City WIDOWED ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY OPTOMETRIST Baltimore University Hospital MEDICINE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTO. YES K 1 E.MADISON ST. 1st FL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME AND DIE MIDDLE FIRST LOUIS STATMAN ANNA COHEN 166 SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SAMUEL STATMANS (YES, NO. OR UNKNOWN) YES WWII-ARMY 4607 HOMER AVE. BALTO., MD 21215 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Blunt trauma to neck with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HEA DI PRIOR TO BURIAL, ( 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL Subject assaulted. 2-1-19 87 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21L LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) COUNTY home MD 1 E. Madison St., Balto. 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X death resulted for Undetermined manner TO FUNERAL DI AFTER DEATH, W 2-12-87 Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 234 LOCATION 23c. NAME OF CEMETERY OR CREMATORY BURIAL FEB.13,1987 BNAI ISRAEL BALTIMORE MARYLAND BP 07/84 25M SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 21215 REISTERSTOWN RD. BALTO, MD (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

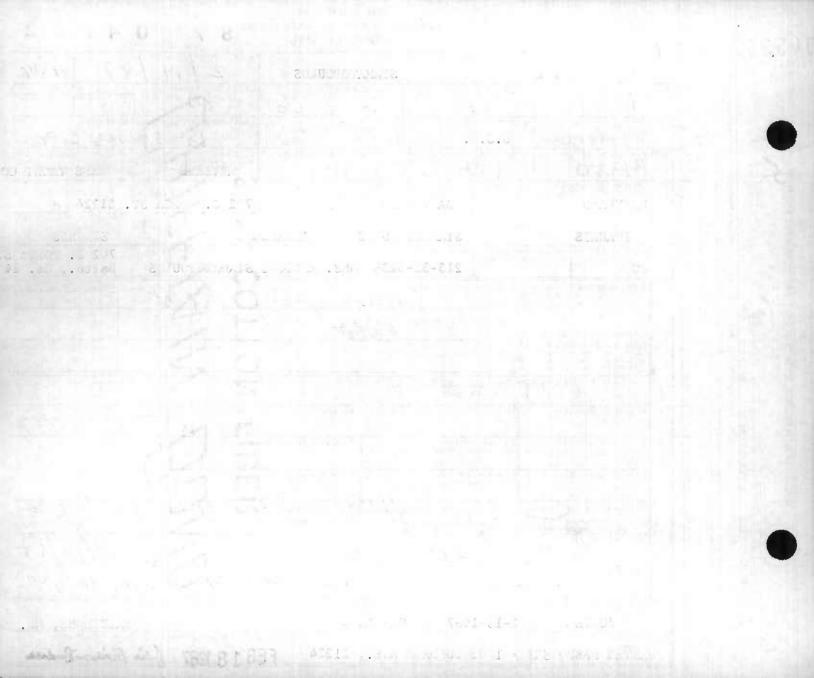
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6		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS		774				78	
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		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	S TO DEATH BUT	NOT RELATED TO TH	E TERMINA	L DISEASE OR CON	DITION GIVEN IN	PART Ito	
	NO.									
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	Z	NOT WHILE AT WORK						1200		
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	730 B	BURIAL, CREMATION, REMOVAL	2-6-87	M+-	EMETERY OR CREMA  Zron	TORY	23d LOCATION	A.A.	- TY	Md-
	24 FL	UNERAL DIRECTOR	4 Ann	RESS A	21   2	50 DATE RE	C'D. BY REGISTRAR	25h REGISTRAR'S	SIGNATU	JRE
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DHMH - 16 60M 7/84 (VRA 15, 4) FOR

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ALR he le non. hos it per	Ē					EM DOM	YES NO	YES [	IG CAUSES O	NO [
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DHMH · 16 60M 7/84 (VRA 15, 4)	1	VALTER DABROWS	XI - 100	5 DUNDA	K AVE.	, 21224 F	FB 1 8 1987	Julia J	widon	andres.



6500 York Rd.

DHMH - 16 60M 7/84

(VRA 15, 4)

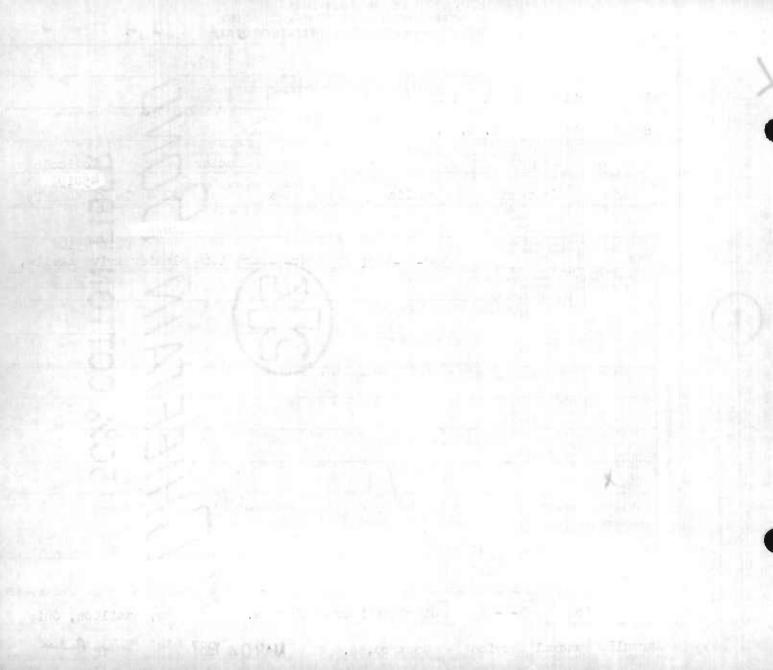
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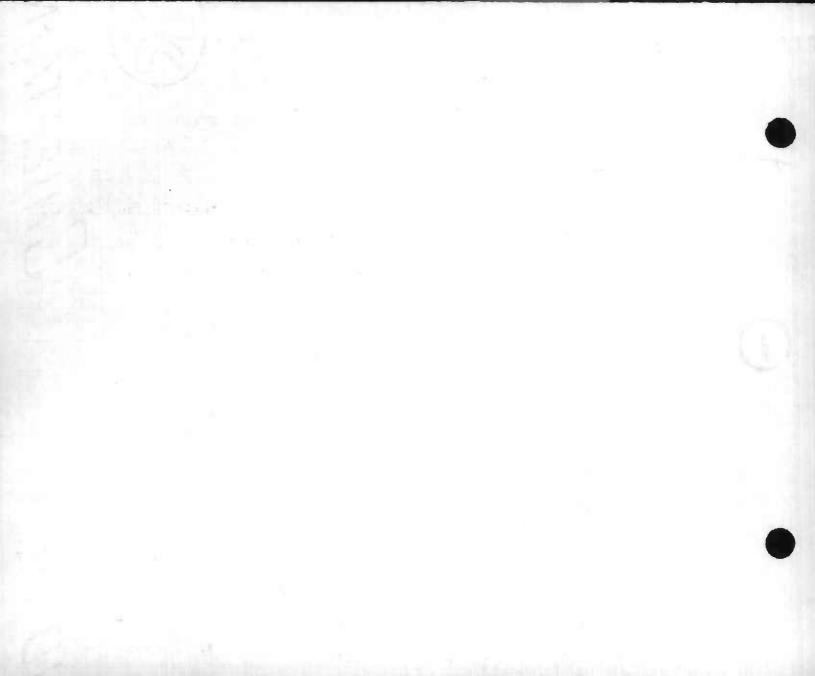
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and	46	BAI	HMORE /	11. NAME OF LIBERTY	HOSPITAL, NUR CHEACHTY, GIVE STI	RSING HOME C REET ADDRESS)	or other institution	ON I	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		D OF BUSINESS OR
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35		MD MO		U.S.A	A .	WIDOWE		ORCED [		CITY			MD.
1/2		Balt, M	0/		FACILITY, GIVE STREE	T ADDRESS]	SINM	TUTION	120 USUAL OC			N/A	BUSINESSOR
11 01	13a. S		W COUN	VTY 1	3c. CITY OR TOV	WN	13d. INSIDE CIT	Y LIMITS?	13 STREET ADI	ORESS / ZIP C	ODE		
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W DC	1	CHARLES	-	PATEN				RGIE (	GLASS				
1 3		VAS DECEASED EVER IN		MED FORCES? 1	6b. SOCIAL SEC	URITY NO.	17 INFORMAN			ADDRESS			
10	_	NO	N/	A	INFAN	Г	MARGI	E STA	TEN 46	WYNDM	OOR		
10 15		18 CAUSE OF DEATH	(Enter or	nly one couse per li	ne far (a), (b), a	nd (c).)					-	BETWEEN OF	NATE INTERVAL
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age or		22a I certify the		ital) attanded the	deserved from	7/7	7	10 87	10 2	125/	10	87 1	ha (I)(we) last
52 5		sow the deceased above (1) (we) (dia					d that in Cy	aur) apinian d	death occurred o	n the date and	hour and		
201	1	22b SIGNATURE	d)(did no	ot) view the bady a	iter death	_	DEGREE					22c DATE S	IGNED
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		BURIAL		2/27	/87	KING	G MEM.	PARK	BA	LTO.,			
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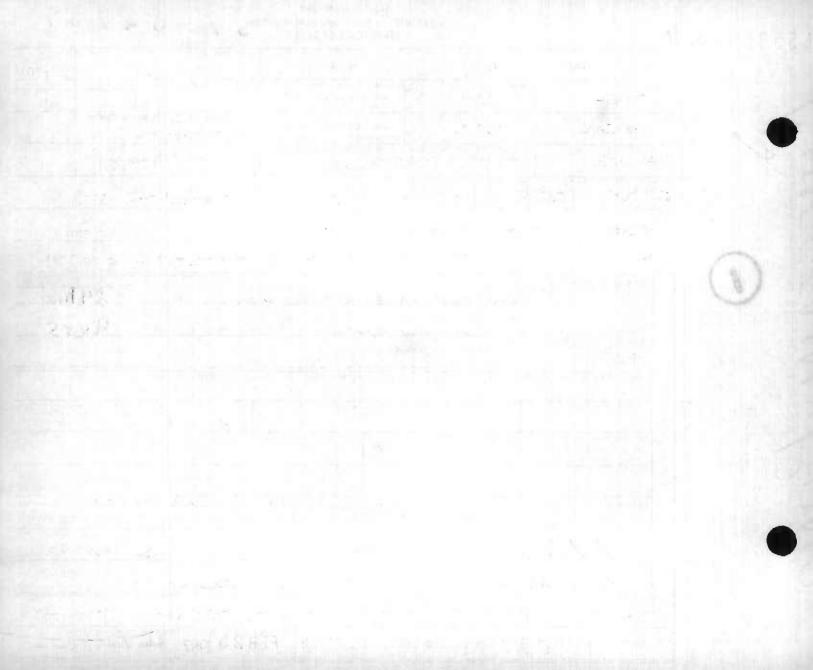


-	71 - STATE REGISTRAR			IEALTH AND MENTAL HYGI	ENS /	0 4 /	3/
	I DECEASED NAME FIRST	(nmi)	STEIN	Ten n	20. DATE OF DEATH FEBRUARY 19		26. HOUR
1	3 SEX Female	RACE White	5. DATE C		6. AGE (IN YEARS LAST BIRT		AR IF UNDER 24 HRS
1	70 BIRTHPLACE ISTATE OR FOREIGN	U.S.A.	MARRIE	DX NEVER MARRIED U	9 BALTIMORE CITY O BALTIMORE	ECITY	MD.
1000	BALTIMORE	THE STORY	HÖPKINSHO		120 USUAL OCCUPATION OF THE OF WORK FOR MOST O	ON 12b. KIND DE WORKING HEEL INDUSTR HOMEMAKER	O OF BUSINESS OR
P	USUAL RESIDENCE (IF NURSING HOLDS IN STATE NEW YORK	OUNTY 13c CITY	or Town  iaque	13d. INSIDE CITY LIMITS? YES 📉 NO 🗌	25 Vespuco	ZIP CODE Ci Ave. 11	726
2	William		gston	Margaret	MIDOLE	McLe	ean
7	(NO) OR UNKNOWN)		.28.0073	Joseph Stei	ner (Husbar		s 13e)
	Conditions, if ony, whice gove rise to immediate couse tol, storing the underlying couse los  PART 2 OTHER SIGNIFICA  198. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYIN	DUE TO, OR AS A CO	DISCOULT TREE		NAL DISEASE OR CONI	DITION GIVEN IN PART  20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED
1/2		DE DEATH HOUR A.M. MOI	NTH DAY YEAR	21c. HOW INJURY OCCURRI	YES NO	YES 🗌	NO 🗆
	OK CONTRIBUTING CAUSE C	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	22a. I certify that (I) (this It sow the deceased alivabove, (I) (we) (did) (d	nospital) attended the decease on Feb 19 and not) view the body after deal of the second of the seco	19 <b>Y</b> > , or	19 8) and that in (my) (our) opinion d DEGREE 10 ATTENDING PHYSICIAN 122e ADDRESS 30hns Maphin	MEDICAL STAF	221 DA 2/1	
	230 BURIAL, CREMATION, REMO	236 DATE 2/21/1987		emetery or crematory Mount Crematory			aryland
	Walter Brooks B	Bradley Inc., I	Dundalk, M	d. 21222 FE	B 2 5 1987	256 REGISTRAR'S SIGN.	ATURE - Rondon

DHMH - 16 60M 7/84 (VRA 15, 4)

mould be detached for use as the burial-transit permit. Then please remove in the State Dept. of Health and Mental Hygiene prior to burial, cremation

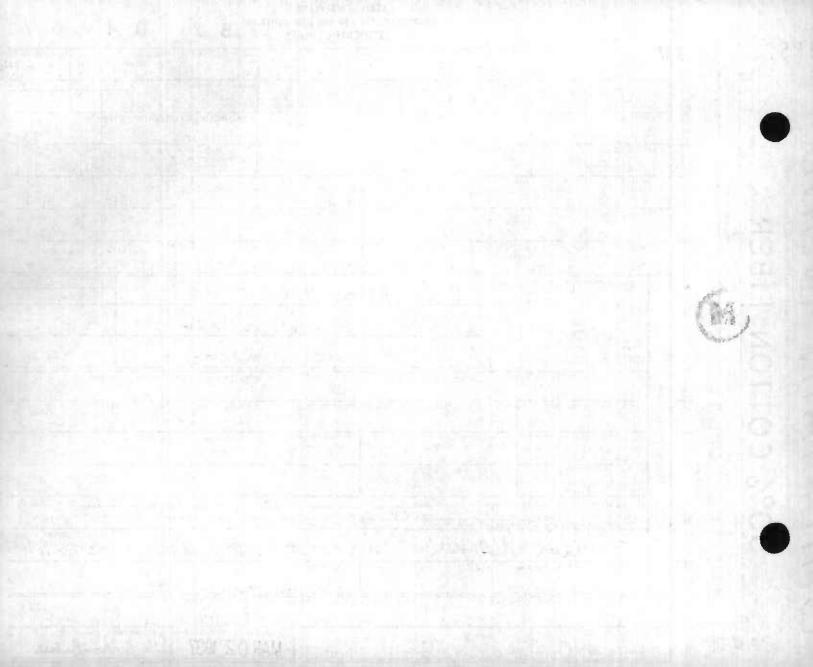
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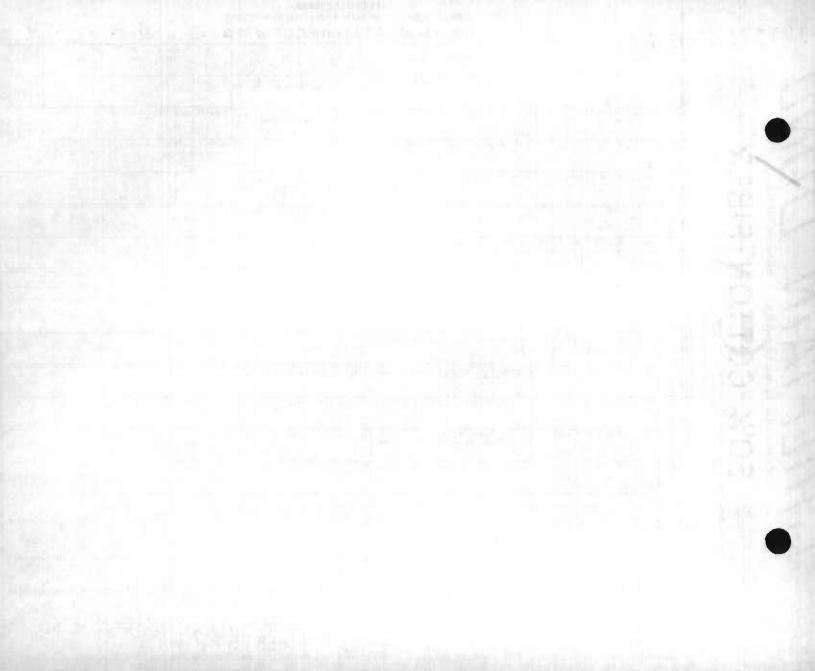
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926 FEB 2	36	STATE PREGISTRAR		DEP		EALTH AND MENTAL HY	8 REG. NO	o. <b>O</b>	4 1	1 3 8
page 3		CEASED NAME FIR	PRLES	S.		EPHENS SR.		MONTH DA		26 HOUR 5-16 pm
s offer d	3 SE	MALE	4 RACE CAUC	ASIAN	S. DATE O		6 AGE (IN YEARS LAST BIR	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
36		RTHPLACE (STATE OR FOREK COUNTRY)	76 CITIZEN O	DF WHAT COUN	MARRIE	D X NEVER MARRIED	Baltimore City o	R COUNTY C	F DEATH	MD
11 24	10 C	TY OR TOWN OF DEATH Baltimore	11. NAME O	F HOSPITAL, NE	URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE SHIPPE	F WORKING LIFE)	INDUSTRY	of Business or n Mariet
30			ome or other institution county Baltimore		BEFORE ADMISSION) TOWN SVILLE	13d INSIDE CITY LIMITS? YES NOX	130 STREET ADDRESS 7015 Mt. V	ZIP CODE		son Trsf: 087
ond 2 strong	14. y	Harry	Elias	Ster	hens	15 MOTHER'S MAIDEN N. Eisinor	WIDDLE		arklo	
2 dicol			.S. ARMED FORCES YES, GIVE WAR OR DATES)		SECURITY NO. 9-3039	Mrs. Lilliar				ista Rd. ,Md.2108
oeen signed by the not Then please ren rior to burial, creminy injury, or other the	ATION		ANT CONDITIONS Hatie Tr	contributing	o gntest. G TO DEATH BUT MAL C	inal Bleed NOT RELATED TO THE TER. ELL CALLINOR N WAS PERFORMED		20b. IF YES.	WERE FINDI	NGS USED
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etoched for use of the Dept. of Healt		270.1 certify that (1) (these saw the deceased of above, (1) (we) (did) ( 27b. SIGNATURE  Ram		dy after death.	19 <u>87</u> , o	nd that in (my) (my) opinion  DEGREE  M D ATTENDING PHYSICIAN	MEDICAL STAF	F	22c DATE	
should be der with the State		22d PHYSICIAN'S NAME RAM	LAL M	NITTAL		220 ADDRESS 5601 BALTII	Loch Raver MORE, MD	BLVd		
)		DURIAL, CREMATION, REM SPECIFY) Burial	OVAL 236. DATE 2-20-	-1987		emetery or crematory od Cemetery	23d LOCATION CITY OF TOWN Parkvil	Le Bal	timore	e Md.
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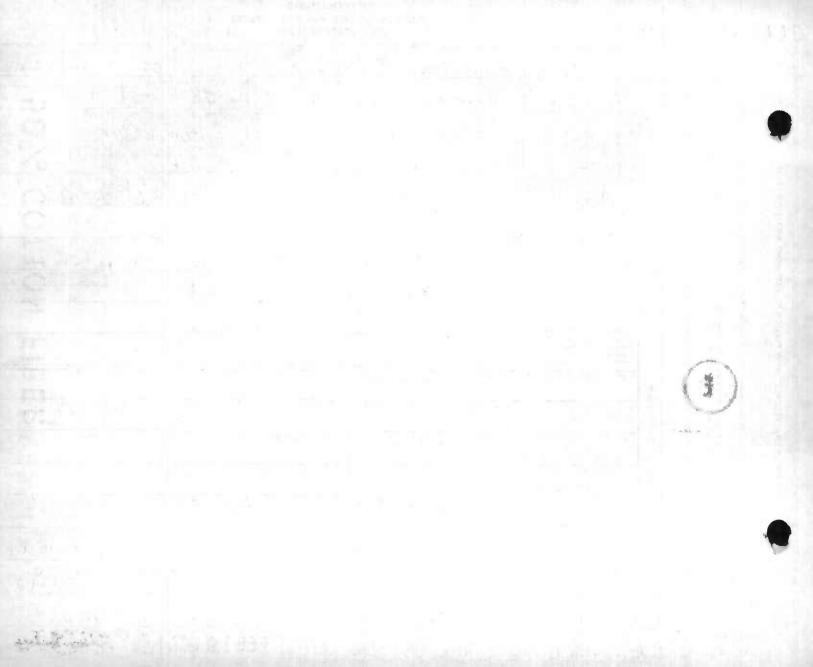
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH DECEASED NAME 198 26 RUBERT TOHN 6 AGE LINYEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 3 SEX February 2, 1949 ACK 38 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY A BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Baltimore City Maryland USA WIDOWED DIVORCED | 126, KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IL CITY OF TOWN OF DEATH INDUSTRY 1142 N. Carey Street, #21217 **Technician** Electronics Baltimore ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS 136 COUNTY 1134 INSIDE CITY LIMITS? Baltimore 1142 N. Carey Street, #21217 Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Barrows (Hassan) Tauheedah Yahva Hassan Balto., MD, 21217 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Scherline Scott Sterrett, 1142 N. Carey St. 214-54-5006 Vietnam Yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) ARREST PART I. DEATH WAS CAUSED BY IRATORY IMMEDIATE CAUSE (o ADRENOMYELINONEUROPATHY Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF LEUKODY STROPHY underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210. ACCIDENT WAS LINDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 21e PLACE OF INJURY 214 INJURY OCCURRED COUNTY STATE CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220.4 certify that (1) (this haspital) attended the deceased from, saw the deceased alive on 1/16 obove, (I) (we) (did) (did not) view the body after death, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 226 SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 274 PHYSICIAN'S NAME (TYPE OR PRINT) ould be University Hospital, Baltimore, MD Sheldon Mangules 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Baltimore City, Maryland Holy Redeemer Cem. BP 2/28/87 Burial 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 ulia Deviden Pandace (VRA 15, 4) Martin D. Lawson, 10 W. Padonia Rd, Timonium



		1	FOR		DEPARTMENT OF HEALT	H AND MENTAL I	HYGIENE	0 1 7 1 0
10 h	3 7 9 FEB		STATE REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE O	OF DEATH / REG. N	04/40
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	PR, FLEA DIRECTO DUR FILE 72 HOUS DN STREE	3 SE.	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MON	INDER I YR. IF UNDER	R 24 HRS 2c. DATE  MIN PRONOUNCED	MONTH DAY YEAR 24 HOUR
	DV200		M R	11 15	14 72 YRS.		DEAD	2-9-87 19 5:40P
-	STATESTA TO		IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WI	HAT COUNTRY?	RIED NEVER MARR	PIED 9. BALTIMORE CITY	OR COUNTY OF DEATH
	WITHIN TO SEE			USA		WED DIVOR	D-11 3	City
_	A 77 M	10. C	ITY OR TOWN OF DEATH		PITAL, NURSING HOME, OR OT	HER INSTITUTION	120 USUAL OCCUPATION (TY	PE OF WORK 126 KIND OF BUSINESS
- 19	STATE OF THE STATE	B	altimore	726 E	23rd Street		AMERICAN SMELT	ING OR INDUSTRY
501	ST NOW			OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSION)			
2120	ANN DEL	-	AL RESIDENCE (IF IN NURSING HOME O TATE MD	IA	BALTO.	YES NO .		ST. 21218
EE. MD	# # # # # # # # # # # # # # # # # # #	14. F.	ATHER'S NAME ALSTEXANDER	MIDDLE	STEWART	I DA	DEN NAME MIDDLE	COBB
NO	00830 -	160	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRES:	S
- 6	EN SPOR	0	ES. NO PENINKNOWN) (IF YES, GIVE	WAR OR DATES	218051731	VIVIAN	PALMER 3918 GEL	STON DR. 21229
2	S S S S S S S S S S S S S S S S S S S	F	18. CAUSE OF DEATH (Enter onl	lu one source and line	January (b)			APPROXIMATE INTERVAL
51.	ON SERVICE		PART I DEATH WAS CAUSED	D BY:		ic cardiov	ascular disease	BETWEEN ONSET AND DEATH
NO	SEGERAL SE		IMMEDIAT	TE CAUSE (o)	AS A CONSEQUENCE OF	ic caratove	aboutar arsease	
2	SE SEE		Conditions, if ony, which	DOE 10, OK	AS A CONSEQUENCE OF			
- 5	EE A SIS SI	-	gave rise to immediate	(b)				
8	ars 50		lying couse last.	DUE TO, OR	AS A CONSEQUENCE OF			
- 4	XECUT VG** SAL B BUREA AND			(c)				
RECORDS	HOULD BE EXECURED "PENDING"  PRESIDENCAL  USED AS A BUR  OF HEALTH AND  RRAL, CREMATIC	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEA	ISE OR CONDITION GIVEN IN PA	ART 1 (a)	
	UK - W	CERTIFICATION	190 DATE OF OPERATION	196. CONDIT	TION FOR WHICH OPERATION V	WAS PERFORMED?		20 AUTOPSY?
DIVISION OF VITAL	ATE SHOULE E WORD "F THE CHIEF ID BE USED WENT OF H TO BURIAL,	1 🖺		25 12 20 2				YES NOX
> 7	CERTIFICATE SI TING THE WO 35 TO THE O 35 SHOULD BE DEPARTMENT I PRIOR TO BU	1 1	210 EXTERNAL CAUSE WAS	216 TIME OF		HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM 18	
2	A H L D K K	1 A	UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR			
Sio	ERTIFIC ING THE ED TO 3 SHOU SEPART PRIOR	MEDICAL	214 INJURY OCCURRED	P.M.		OCATION		
>		M	WHILE NOT WHILE	STREET, FACT		STREET	CITY OR TOWN	COUNTY STATE
	WARD WARD PAGE TATE D		AT WORK AT WORK					
	A PER S		220 I certify that I took charg	e af the remains des	cribed above, held an Auto	psy . Inspection	on . Inquiry . or	nd in my opinion
	NEW DES		death resulted from: A Natur	al causes X.	Accident , Suicide	, Homicide .	Undetermined manner ,	
	XA ERT LID I WIT ARN		MAIN	11.25 7 /	0 . 1 .	TITLE (SPECIFY)		
	A PACAL	13	ACTUAL SIGNATURE	whe	neyoull.	M.D. Assistant	MEDICAL EXAMINER	DATE 2-10-87
	ORE STEET	K						
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR! TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTMORE, MARYLAND, 2120	-	(TYPE OR PRINT)	Margarita	A. Korell, M.D.	_ADDRESS	111 Penn Street	
	DAS DE A	23a B	URIAL CREMATION REMOVAL 2	3b. DATE	23c NAME OF CEMETERY O		23d LOCATION	
07 84	BP	(	BURIAL	2/13/87	BALTIMORE		BALTIMORE.	COUNTY STATE MD
25M			UNERAL DIRECTOR			25a. DATE	REC'D. BY REGISTRAR 1256 REG	ISTRAR'S SIGNATURE
	DHMH - 17 (VR A15 ME (5))		MARCH FUNERAL	HOME 110	O1 E. NORTH AVE	. FF	B 1 3 1987	" Wheeler V. Kanne
	1.11		THE THE PARTY OF T	11	02 24 11011111 7111			



	1	STATE OF MARYLAND
0 4 4 8 5 4 FEB 23	17	FOR STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE.  CERTIFICATE OF DEATH  REG. NO.
-5-		EASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
eoth second	,	Kucy FLIZABETH Stewart 02 18 87 12 P.M
ge 4 may be is after death	3. SEX	Temale Black Black OH 27 OS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER ZAHRS MONTH DAY YEAR ON THE OWNER OF THE OWNER OWNER OF THE OWNER OWN
0 09	To BI	THPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? 8
de o h	N	U.S.A. MARRIED NEVER MARRIED BAltimore City MD.  YOR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION 126 KIND OF BUSINESS OR
11 10	1	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Altimore Thomas Andrews Homes Homes  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Domestic
24 hour	13a. S	L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS . APT 1/1/2/2
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120  GENERAL SECTION  The secure of within 24 hours  The this certificate but feet the death certificate be executed within 24 hours  The this certificate but feet the section of company. The death of the death of company that the section of company that it is not a feet to the section of company that the section of company that it is not a feet to the section of company that it is not a feet to the section of company that it is not a feet to the section of company that it is not a feet to the section of company that it is not a feet to the section of company that is not a feet to the section of company that is not a feet to the section of company that it is not a feet to t	14. FA	THER'S NAME  IS MOTHER'S MAIDEN NAME  FIRST MIDDLE LAST  LAST
X 5	16e V	OHN HENRY MODRES  AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT  ADDRESS
IMORE.	()	nknown (18 YES, GIVE WAR OR DATES) 219-32-6162 MRS BEA HARRES 1626 WILLIAM FORD AD 21239
fr, <b>BAL</b> 1  rificote physicia npoper moval.		18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (g)  ONCLUCK WAS CAUSED AND DEATH  ONCLUCK WAS CAUSED BY:
N ST or ren		DUE TO, OR AS ACONSEQUENCE OF A
death death	28	Conditions, if any, which ( 16) Artenio Scientin Carolia Vancular
W. PRE		gave rise to immediate couse (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF
S, 301	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
80	TIOI	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED
I SE	CERTIFICATION	YES NO YES NO
Z SEE	CER	210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
TO DE TOTAL	CAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (# EJTHER, NOT#Y MEDICAL EXAMINER) P.M. 19
IVISION and PHY otherder for the but the but the dor	MEDICAL	210. INJURY OCCURRED  WHILE NOT WHILE AT WORK THOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION  STREET CITY OR TOWN COUNTY STATE
Z = 4 + 5 E		228.1 certify that (1) (this hospital) attended the deceased from
at the Contract of the Contrac	100	obove, (1) (we share (did not) view the body after death.
by the here of the		DEGREE  WIN ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN   276 DATE SIGNED  276. DATE SIGNED
10S Frun ORT		220 ADDRESS SO 10 YERERD, BOTIMORO, MD; 2121212.
of of shape with the state of t	1 63	URIAL, CREMATION, REMOVAL 236 DATE 230, NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITYORJOWN A. COUNTY STATE
DHMH-16 60M 1/73		NERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE THE
(VR A 15 (4))	1	ISTEPH L. RUSS ZZZZW. NORTH AVA FEB 1 9 1987 . Junior



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

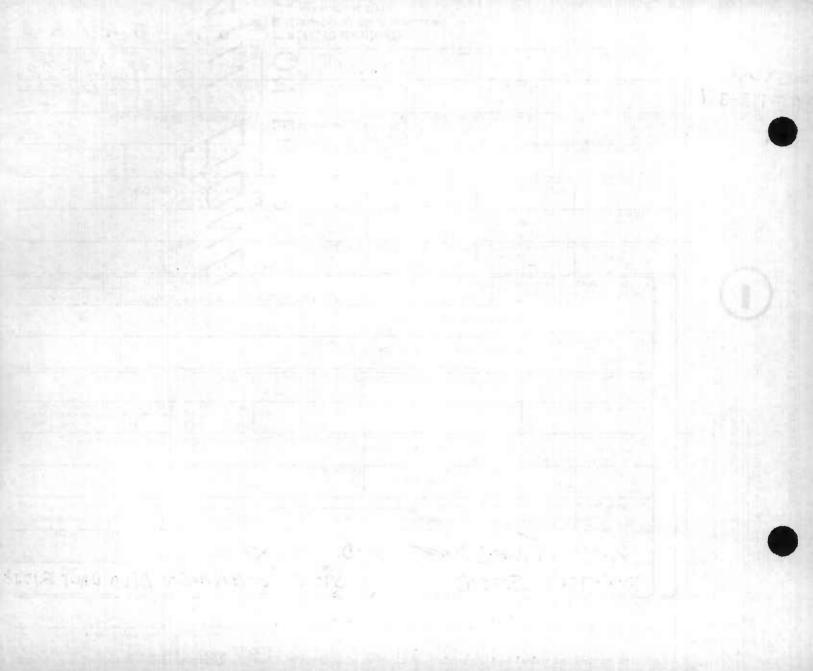
i		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.							
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ı	(TAME	ORPRINTI JAMES	L		STIN	arcomb		2	58 8,	1 6:54 A				
	3 SEX		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS					
	_	m Ani	Couch	sian	Sept	. 5, 1902	84	YRS.		HOURS MIN.				
1	7a. Bif	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COU	MARRIE	NEVER MARRIED	9 BALTIMORE CITY							
9		Maryland .	U.S.A	١.	WIDOWE	_	BWILL	~=	6,12	MD.				
1	-	TY OR TOWN OF DEATH			NURSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR				
4	2K	3 fam Time	411367	m.	milian	cenits	Supervisor							
-		AL RESIDENCE (IF NURSING HOME OR TATE H3b COUN		13c. CITY O		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP COI	DE					
,	m	Asycano Bar	= Mym		llawn	YES NO	7602 CL			21207				
7	14. FA	THER'S NAME FIRST	MIDDLE		a S 7	15. MOTHER'S MAIDEN NA			4 4 4	AST				
1	1	James He	nry		hcomb	Lenora	Warfi			51				
)		VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIA	AL SECURITY NO.	17 INFORMANIMIS.	-			E22   D				
		No	216-01-5235			7602 Clays I	MD. 212	21207						
		18 CAUSE OF DEATH Enter only one couse per line for 10 , (b), and ic												
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CAHDIOP ME MORNAM MARCET												
		DUE TO, OR AS A CONSEQUENCE OF												
	100	Conditions, if ony, which ( b) SEPSIS												
		gove rise to immediate cause (a), stating the	DUETO	PASACON	NSEQUENCE OF									
		underlying couse last (c)												
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0												
	NO N	CHAMIC MUCCUE WARTING												
7	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							
	CERTIFICATION	5-53-8)	I Aci	m	ENSTA	ing hours	YES NO NO		YES []	NO [				
	GE	210 ACCIDENT WAS UNDERLYING	216 TIME O		TH DAY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART ?)							
	AL	OR CONTRIBUTING CAUSE OF DEA	in .		19	CTT N								
	EDICAL	21d INJURY OCCURRED	21e PLACE		15.77	211 LOCATION	CITY OR TO	23461	COUNTY	STATE				
	×	WHILE NOT WHILE AT WORK	LAT HOME STE	REET FACTORY	OFFICE FARM, ETC.)	SIRECT	CITY ON TO		COOMIN	STATE				
		22a I certify that (I) (this hospi		e deceosed	from	10 19 86	, to	2	1987	that (It (we) last				
		sow the deceased ofive on above, (1)	The body	ofter death	19 C) . or	nd that in (my) (our) apinion	death occurred on the d	ote and ha	our and from the	couses stated				
		22b. SIC VATURE	-	Non-death		DEGREE			22c DATE	ESIGNED				
		max	_QV	7)	1	ATTENDING PHYSICIAN	2/3	2187						
I		THE PHYSICIAN'S NAME (TYPE O	RPRINT			22e ADDRESS								
		KEED A. V	INCTON	) '	and	1 2000 F	IBENTY )	ショナ	455 Y	AN=				
		URIAL, CREMATION, REMOVAL	236 DATE		23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION			*****				
		Burial	March :	3, 87	Glen Ha	ven Cemetery	Glen Burr	ie /	Anne Aru	undel MD.				
	24 FU	NERAL DIRECTOR Lorin	g Byers	Funer	al Direc	tors. Inc 250 DA	TE REC'D. BY REGISTRAR	256 REGIS	STRAR'S SIGNA	TURE				
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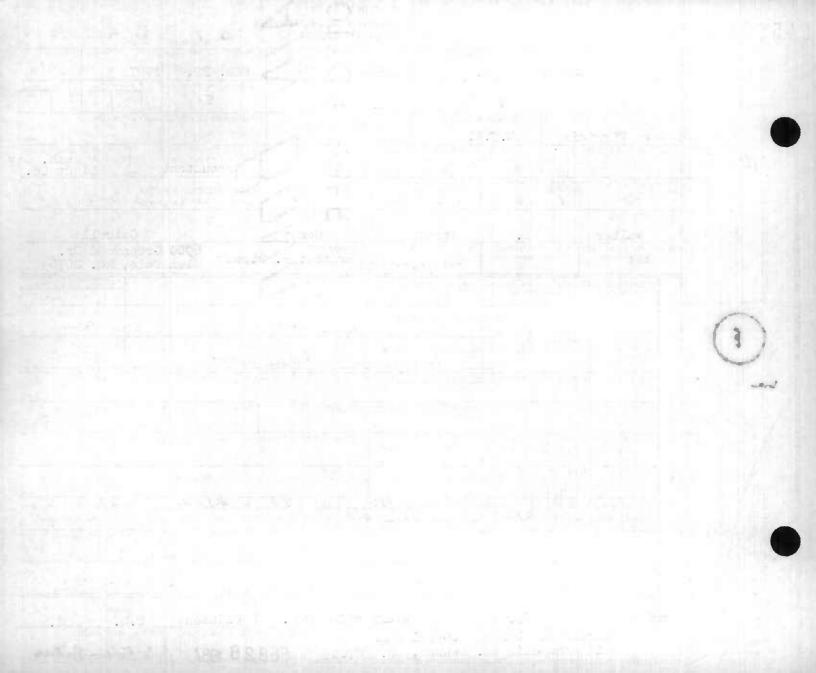
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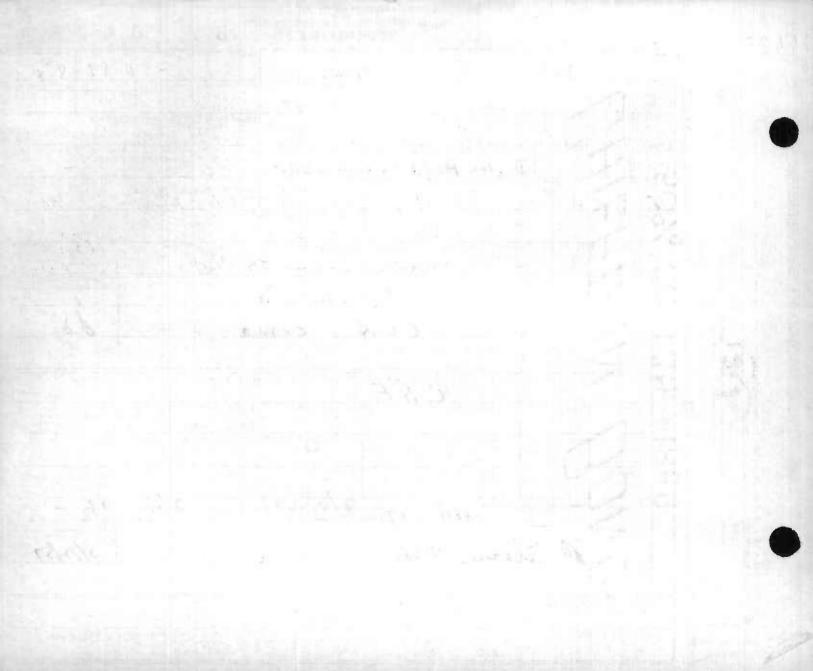
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7	-1	70 BI	Male RTHPLACE (STATE OR FOR		Black	WHAT COUNTRY	9		9 BALTIMORE CITY OR	COUNTY OF	FDEATH	<u></u>
4 76/0	37	(	OUNTRY)			WITAT COUNTRY	MARRIE	NEVER MARRIED	(:+-			
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9 9 6	D dice		ES NO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)							
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es that the ned by the please se unial, cres	y, or other	CERTIFICATION		lost	( (c)	R AS A CONSEQUE		NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN	N IN PART 1(0)	
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	Hem 18 st		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEATH		PEINJURY M. MONTH ( M.	DAY YEAR	21c. HOW INJURY OCCU	RRED {ENTER NATURE OF INJURY	IN ITEM 18 PART	I I OR PART 2)	
JG PHYS offendin ter this of is the burn hond Me	rkedor	MEDICAL	21d INJURY OCCURRED  WHILE DOT WHILE AT WORK			OF INJURY REET, FACTORY, OFFICE	FARM, ETC )	21f LOCATION STREET	CITY OR TOW	4	COUNTY	STATE
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ATTEND ospitol o sctor d for use	2		saw the deceased obove, (1) (we) (did	dive on_	view the body	ofter deoth.	, or	d that in (my) (our) opinion	n death occurred on the dat	e and hour o	and from the couses s	tated
the here	T. If Hem		22b. SIGNATURE	w	Trou	ben		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	AN []	224 DATE SIGNED	)
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of of ships	≤		SURIAL, CREMATION, RE	MOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
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DHMH - 16 60M	7/B4	24 F	INERAL DIRECTOR			ADDRESS		25a. D/	ATE REC'D. BY REGISTRAR 2	b. REGISTRA	R'S SIGNATURE	
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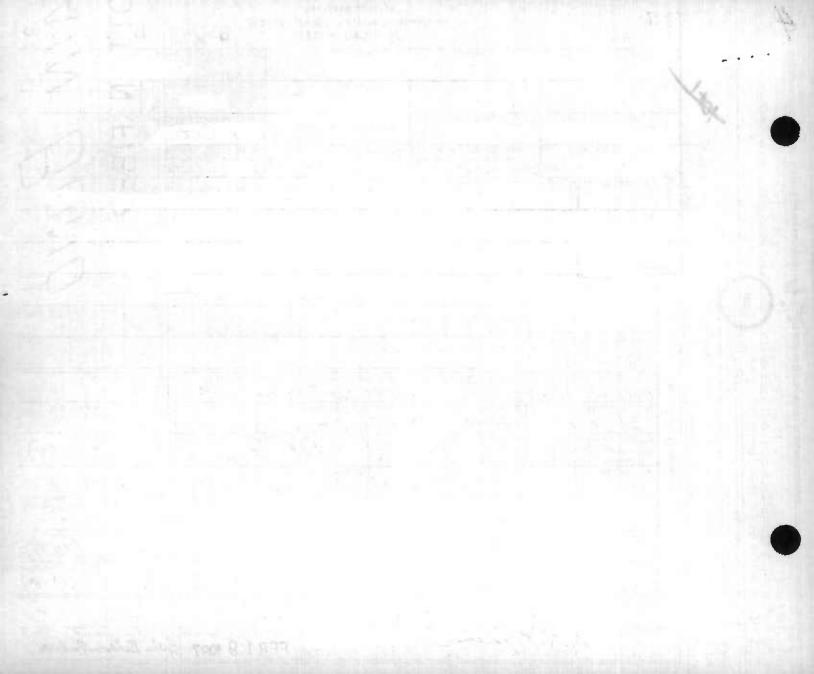


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IMORE,	e execul	Poger I	medicol			MED FORCES? E WAR OR DATES)	578 -4		Margaret E.	Straub Gl	00 Green en Dale	nwood, Md.	Dr. 20769
ALT	ote b	pers	E		18 CAUSE OF DEATH (Enter on	ly one cause per	line for (a), (b), a	nd (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH
T	THE ICO	p hy	event		PART I. DEATH WAS CAUSE IMMEDIAT	D BY E C AUSE (a)	Cardi.	pulmonu	y onnest				to encete ,
NO	1	-	ofic			DUE TO, OF	R AS A CONSEQU	JENCE OF					1
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19, 201	log.	signed benge	ury, or	z	PART 2 OTHER SIGNIFICANT O	ONDITIONS CO				INAL DISEASE OR COM	NDITION GIVEN	IN PART 110	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	ne low red	os been bermit. T		CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	NG CAUSES	NGS USED OF DEATH?
/ITA	7	cote h	18 sh	CER	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURE				
P.	CIA	is certific buriol-tr	Ed		OR CONTRIBUTING CAUSE OF DEA			AY YEAR					
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5	NO	Afte	Por		228.1 certify that (I) (this hospi	tal) attended the	deceased from	2/16	10.87	2/22	2 10	87	that (I) (we) last
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	O HOSPI	FUN BE	MPORTANT		220 PHYSICIAN'S NAME (TYPE O	R PRINTS	KIN	\	27 S. Ga	een St	Rayin	nore 1	195127
	р В В		3	23e B	URIAL, CREMATION, REMOVAL PEGIFY)	23b. DATE 2/26/8			metery or crematory ection Cem.	23d LOCATION CITY OF TOWN Clinton		OUNTY	STATE
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			100								0		



	1			STATE	OF MARYLAND			
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deo # 1		CEASED NAME FIRST Julia	MIDOLE CO	s+	MAA) A			YEAR 26 HOUR
s ofter de	3 SE		RACE Black	S. DATE O	FBIRTH J	6. AGE (IN YEARS LAST BIR	MONTHS	TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
旅分	7a. Bi	RTHPLACE ISTATE OR FOREIGN 7	CITIZEN OF WHAT CO	UNTRY? 8 MARRIED	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEA	7.4.1
90	10 C	TY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS	ROTHER INSTITUTION	12a USUAL OCCUPATI		KIND OF BUSINESS OR
1135	USU. 13a S	AL RESIDENCE OF NURSING HOME OR CESTATE	THER INSTITUTION GIVE RESIDER	OR TOWN	134 INSIDE CITY LIMITS?	136 STREET ADDRESS	ZIP CODE	71236
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ows only	CERTIFICATION	19a DATE OF OPERATION	196, CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO []
buriol-tra		21a ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	EV IN ITEM 18 PART I OR PA	AR ( 2)
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NERAL DIRE be detoched e Stote Dept TANT: If then		226 SIGNATURE	loden.		EGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF	a//2/57
TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS			
)	23a E	URIAL, CREMATION, REMOVAL Burial	2/16/87		METERY OR CREMATORY ew Mem. Cem.	Ball'time	ore Md. COUNTY	
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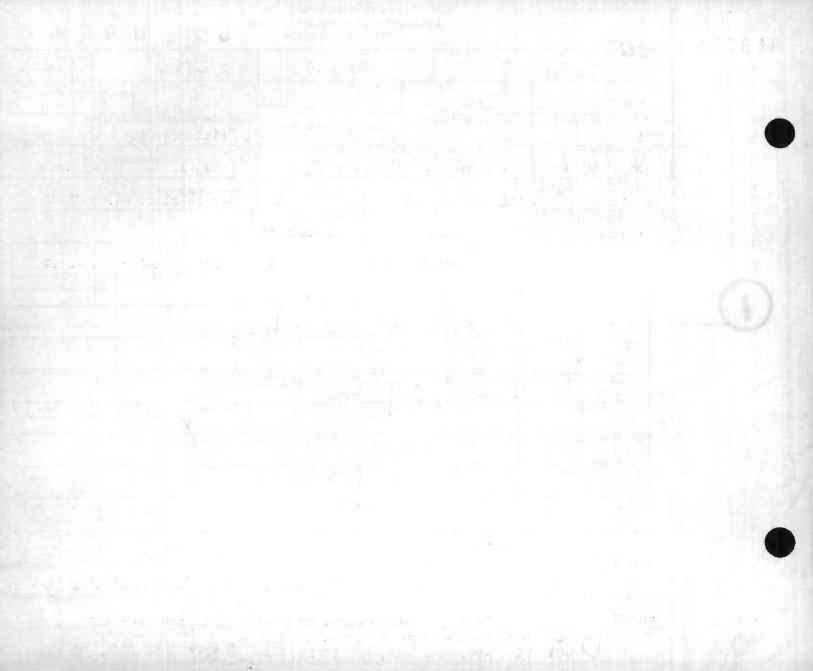
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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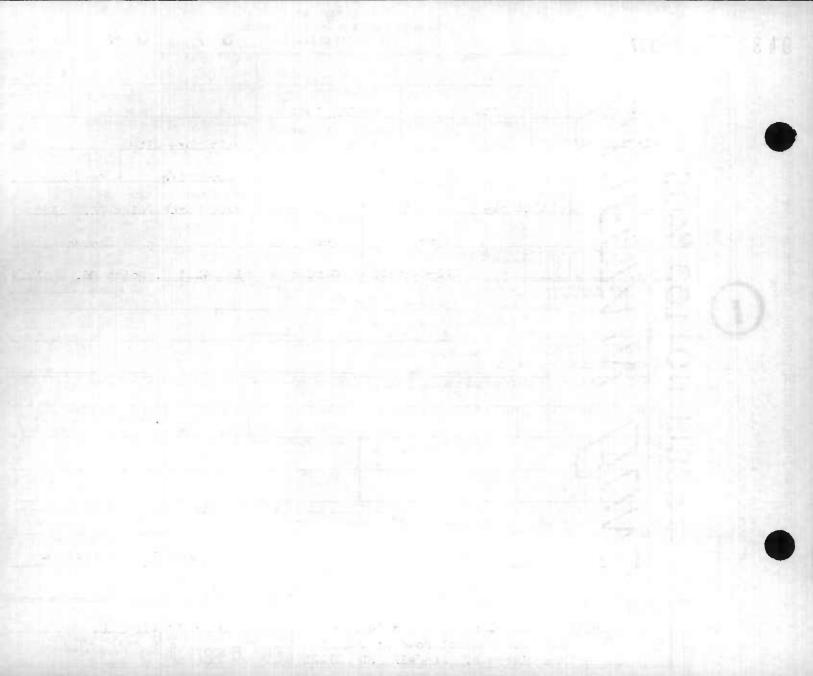
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8 00 000		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O		FDEATH		
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TAL OR A y the hos Ral DIREC detoched tote Dept VI. If Item		226 SIGNATURE Part	CA			DEGREE  ATTENDING PHYSICIAN	MEDICAL STAP		274. DATE	SIGNED 7	
retoined by to FUNERAL should be de with the Store		22d PHYSICIAN'S NAME (T	CLA	CHSIA			. Are Ba	itma	212	224	
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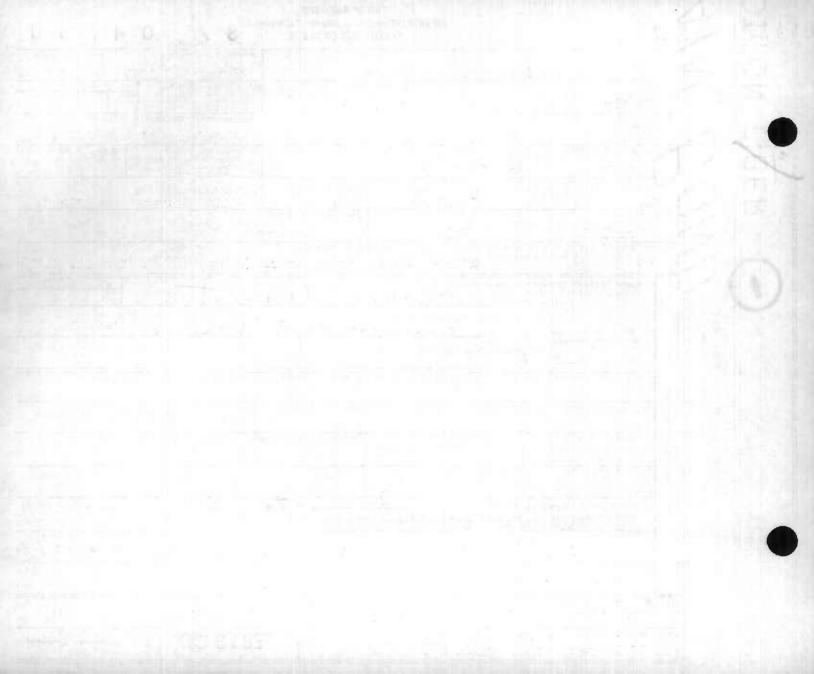
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	STATE OF MARYLAND	
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043255 FEB	REG. NO.	10
v 96	A DATE OF DEATH	:35 M
4 60		
4 74	SEX 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER MONTHS DATS HOURS	MIN.
8 94	Female White May 11, 1892 94 YRS.	
1 300	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
	Virginia USA WIDOWED DMORCED D Baltimore City	MD.
1118/	CITY OF TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	ESS OR
150//	Mily Maris Sett Very Med lepter Housewife: Own Home	
1 11 11	SUAL RESIDENCE (# NUR: OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  B. STATE 138. STREET ADDRESS / ZIP CODE	
	Maryland Baltimore Dundalk YES Noxx 4204 North Point Rd. 212	22
1 11 16	FATHER'S MAIDEN NAME  MIDDLE LAST  MIDDLE LAST	
2 18/12/0	John Asbury Mert George	
2 2 1 1 1 h	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
1 100	No 223-44-0284 Gordon Sutphin 4204 N. Point Rd. 2	1222
-	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (c), (c), (c), (c), (c), (c), (c),	RVAL D DEATH
AMNI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardial and	
18 M8 8 4	DUE TO, OR AS A CONSEQUENCE OF / / / / S	
Mil	Conditions, if any, which (b) Whyshe heart failing	
2 2 2 2 2	gave rise to immediate	
D 40 40	cause (a), stating the underlying cause last	
2 29 2 2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To	
444		
11117	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USE	
* 1 1 1 1 1	IN CERTIFYING CAUSES OF DEA	
THE STREET	210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
36 41571	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
Se single	21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION	
The state of the s	WHILE NOT WHILE	STATE
A Party of the Par	270   certify that (1) (this hospital) attended the deceased from 265 67 19 87, to 265 1987, that (1) (1)	(we) lost
A S S S S S	saw the deceased alive an 21 miles and the deceased alive and the date and hour and from the causes strategy (aur) apinion death accurred an the date and hour and from the causes strategy (b) (we) (did) (did not) view the body after death.	
M Sept M	abave, (1) (we) (did) (did nat) view the body after death.  226 SIGNATURE 126 DATE SIGNED	
0 2 2 2 2 2	ATTENDING MEDICAL STAFF 21/07	
F 8 1 1 1 1 1 1	PHYSICIAN DIRECTOR PHYSICIAN DIR	
Set Set Set	1.100 COO 1 COO 12	
01 01 1	WHUBIT L STRANG 1990 Butter Are, Bells MD.	
	6. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	STATE
BP	Burial 2-2-87 Maple Wood Tazewell Virginia	
DHMH - 16 60M 7/84	FUNERAL DIRECTOR Duda-Ruck Funeral ADHOME of Dundalk	
(VRA 15, 4)	7922 Wise Ave. Dundalk, MD 21222   LB 0 198/	

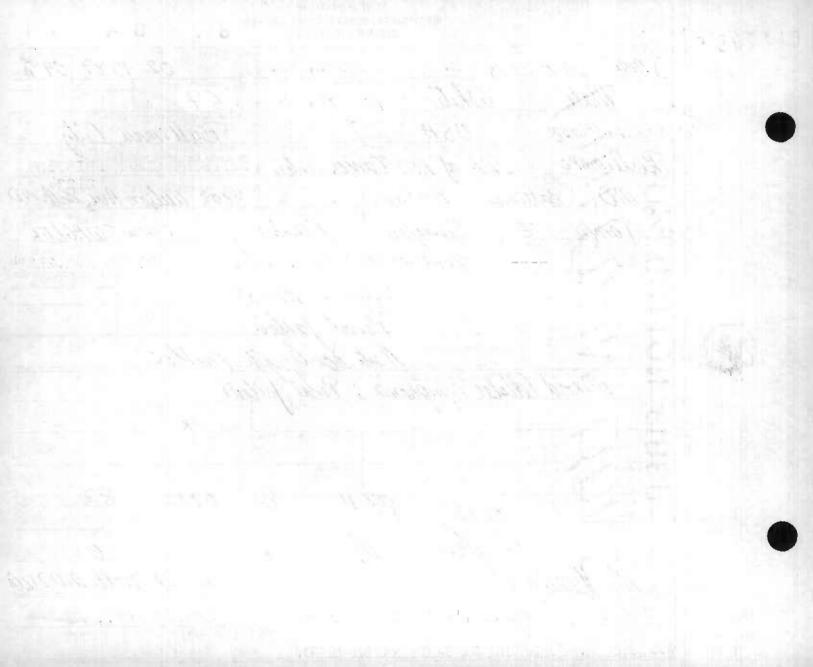


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	may	DO .	2	1	3. SEX			4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS			DER I YEAR	IF UNDER 24 HRS
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AND	1 24	filled	E	2		d.			Balti		YES NO	4320	Clare		2	21213
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	es th	ned	urial		-	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS C	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE O	RCONDITION	ON GIVEN IN	PART Lo	
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ECO	**	Dee o	oux C	7	CERTIFICATION	19a DATE OF OPERAT	ION	19h COND	ITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPS		b. IF YES, WER		
AL R	The	e ha	hows	7	RTIF									YES		NO [
Y.	Ž.	ficot		)		210. ACCIDENT WAS UND		HOUR A		H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN	ITEM 18 PART I OI	R PART 2)	
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	L OR	the ha	e De	1		III. SIGITATORE	tes.	Tal	ho		ATTENDING	MEDICAL	STAFF		g. /	13/87
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	Đ.	TO FUN	with the Store			Dr.	Feli	x Tan			3800 Er	dman Ave				
	5	5 C C	3 3		23a B	URIAL, CREMATION,	REMOVAL	23b DATE		23c NAME OF	EMETERY OR CREMATORY				-	
	E	3P				Cremation		2/14/8		Green	mount	Bal	imore	9 000	YTY	Md. STATE
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rol direc 72 hours		RTHPLACE (STATE O	DR FOREIGN 7b.	CITIZEN OF	WHAT COUNTI	MARRIEI	NEVERA	AARRIED -	-	RE CITY OR C	OUNTY OF	DEATH	7
the fune ad within	_	ARYLAND TY OR TOWN OF D  Color town of D	EATH III		HOSPITAL, NUF			ORCED	LITYPE OF WOR	OCCUPATION K FOR MOST OF WO PING	ORKING LIFE)	12b. KIND 9 INDUSTRY	BUSINESS OR NTING
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ol-tronsin ntol Hygi em 18 sh	100	210. ACCIDENT WAS COR CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW IN	JURY OCCUR	RED (ENTERNA	JURE OF INJURY IN	ITEM 18 PART	1 OR PART 2}	
the bur	MEDICAL	21d. INJURY OCCU	WHILE WORK	21e PLACE	OF INJURY REET, FACTORY, OFF	CE, FARM, ETC )	211 LOCATIO	N	MA.	CITY OR TOWN		COUNTY	STATE
OR: Aft		22a I certify that	(I) (this hospital	02	13	4)	d that in (my)	_, 19	2, todeath occurre	n2/3	nd hour or	002	that (It (we) lost
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STATE OF MARYLAND



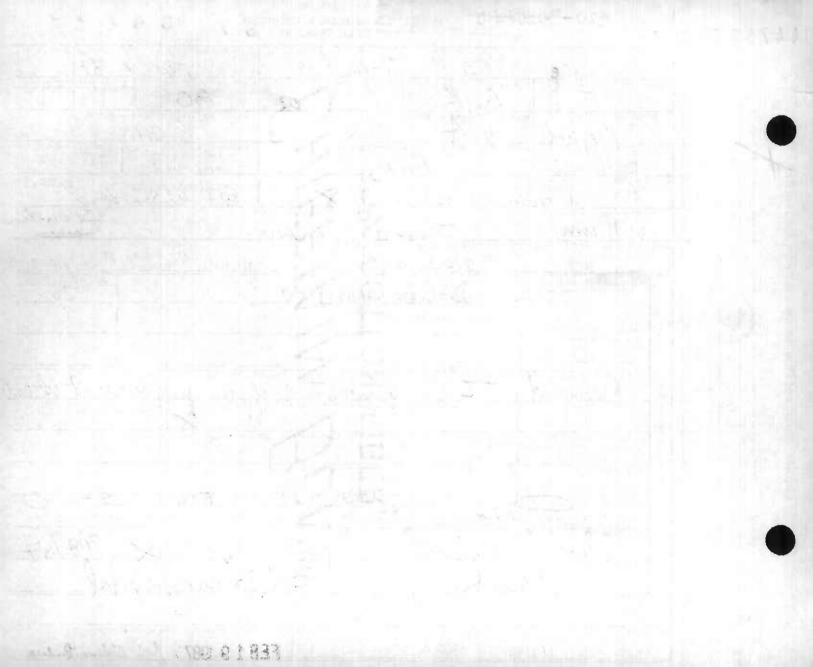
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ge 4		FEMALE		CAUC.		,	MONTH	13	1987	Min.	YRS	MONTHS DAY	S HOURS MIN.
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1 2 20	10 C	ITY OR TOWN OF DE	ATH 1	1. NAME OF	HOSPITAL, N	URSING HO	ME OR C	THER INSTI	TUTION	120 USUAL OCC		12b. KIND	OF BUSINESS OR
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00	CERTIFICATION	19a DATE OF OPERA	TION	19h COND	ITION FOR W	HICH OPER	ATION W	AS PERFOR	MED	20a AUTOPSY	20h IE V	YES, WERE FINE	INGS LISED
DIVISION OF VITAL RECORDING PHYSICIAN: The Brown of the this certificate holds os the buriol-transit per th and Mentol Hygene porked or frem 18 shown on the corked or frem 18 shown on th	FE			100						YES NO	. IN CER	TIFYING CAUSI	ES OF DEATH?
IAN: The physicion in thicate in thicate in 18 sho	CER	21a. ACCIDENT WAS UN		216. TIME C		I DAY W	2)	c. HOW INJ	URY OCCURR	ED (ENTER NATURE C		1	
HYSICIAI nis certifu burial-tr I Mentol I or Item 1	ZA1	OR CONTRIBUTING			M. MONTH		19						
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ATTE Ospite ECTC d for 1 of m 21	Α,	obove, (I) (we) (	did) (did not)	view the body	ofter death	19_0/	., 5110 111		our) opinion d	leath occurred on	the dote and h		
OR he ho ochecochec	1	22b. SIGNATURE	//	10	0		DEG		TENDING	MEDICAL	STAFF	27c. DA1	E SIGNED
HOSPITAL ned by the FUNERAL old be det if he Stote		22d. PHYSICIAN'S N	AME (TYPE OR D	PINI	De	200	1842	e ADDRESS	HYSICIAN [	DIRECTOR P	HYSICIAN	15/	13/8/
TO HOSPITAL retorned by the TO FUNERAL should be der with the Store			RD &		55E/	e w	70	E ADDRESS					
56 5233		URIAL, CREMATION	, REMOVAL	23b. DATE		23c. NAME	OF CEME	TERY OR CR	REMATORY	23d. LOCATION		COUNTY	STATE
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(VRA 15, 4)	W	ALTEK DABI	LOWSKI	- 1005	DUNDA	LK AVE	10, 2	1224	111	7 0 190	0		

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De execute	medico		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (1F YE	ARMED FORCES? S GIVE WAR OR DATES)	212-07				ha Sas		S. Anr	D 21231 Street
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require of the this certificate has been sign on the buriol-transit permit. There has deviced Hydiene prior to I. There has deviced Hydiene prior to I. There is no Mental Hydiene prior to I. There is no Mental Hydiene prior to I. There is no Mental Hydiene prior to I. There is no I. There is no I. The is not Mental Hydiene prior to I. The is not Mental Hydiene prior to I. The is not in the interval.	nitur kuo smo	CERTIFICATION	196 DATE OF OPERATION	196 COND	15. ITION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOP	SY? 20b. I	FYES, WERE FIND ERTIFYING CAUSE YES	INGS USED S OF DEATH?
JOF VITA SICIAN: T ig physici certificate			218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTHY MEDICAL EXAM	FDEATH HOUR A.	FINJURY M. MONTH D. M.	AY YEAR		A TAT	RED (ENTER NATU	RE OF INJURY IN ITEA	w 18 PART 1 OR PART 2)	
OUVISION  Outendir  frer this os the but the ond M.	orked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY OFFICE F	ARM ETC	211. LOCATIO STREET	N		CITY OR TOWN	COUNTY	STATE
ATTENDIA ospital or ECTOR: A deforuse of	n 21 is mo		22a.1 certify that (1) (this h sow the deceased ally above (1) (we) (did) (fil	- 1	. / (			(our) opinion	, tadeath occurred	on the date and	hour and from th	
the he foche	=		226 SIGNATURE	Dayne YPE OR PRINT)	one M		DE GREE A F		MEDICAL DIRECTOR	STAFF PHYSICIAN	2	127 57
TO HOSPITAL retoined by 1 TO FUNERAL should be	IMPORT	22- 1	BURIAL CREMATION, REMO	ARMAS		LAASE OF C	550		ITCHIE  1236 LOCAT		BAG. N	M 21225.
BP			Burial	03-03	8-87 H	oly	Rosarv	Cem.	Dund	alk	Balto.	MD
DHMH - 16 50M (VRA 15, 4)			uneral director acÑabb Fune		sville, e 301°Fr					7 Sistran 256. RE	Distrar's SIGNA	ATURE

CONTRACTOR STATE 是是一个人的人,我们就是一个人的人,我们就是一个人的人,我们就是一个人的人的人的人,他们就是一个人的人的人,他们也不是一个人的人,他们也不是一个人的人,他们也不

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ge 4 mo	3 SE	MALE	4 RACE BLI	ack	5. DATE (		6 AGE TINYEARS LAST BIRT	HDAY! IF UI MON!	THS DAYS	HOURS MIN.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON SY ING PHYSICIAN: The law requires that the dentitions of other directions been signed by the all retents of the burnof-transit permit. Then please require that and Mental Hygiene prior to buriol, cremetal orked or frem 18 shows any injury, or other transmitted.	CERTIFICATION	190 DATE OF OPERATION 2-06-87	-			N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES		
VITA VITA hysicio	CER	210. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY	H DAY YEAR	216 HOW INJURY OCCUR			1 OR PART 2)	
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ENDIR of or Use of Health		220 I certify that (I) (this hasp		ne deceased f	rom 1 - 3	0 19 8	1.10_2 -			that (I) (we) lost
ATTR OSPITE CTC od for m 21		saw the deceased alive a above, (1) (we) (did) (did n			19	nd that in (my) (our) opinion	death accurred on the do	ite and hour on		
TAL OR y the h RAL DIR RAL DIR detoche Deporte		Patr a		adn	ran		MEDICAL STAF		276 DATE S	26-87
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BP		JNERAL DIRECTOR	3/3/0	07	11156		E REC'D. BY REGISTRAR			
DHMH - 16 60M 7/B4 (VRA 15, 4)		March F/H Wes	t 4300 V	Wabash	Åve.	MAR	03 1987	4	dun B	1999 1 444

FOR 220-30-07+0 DEPARTMENT OF HEALTH AND MENTAL HYGIENE	04/55
1 4 4 7 5 2 FEB 20 87 REGISTRAR CERTIFICATE OF DEATH 3	NO.
I DECEASED NAME (1YPE OF PRINT)  Tombre 1  Tombre 2  Deceased NAME (1YPE OF PRINT)	-1 17 017
	ARTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
MONTH DAY WEST	TRS DATS HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHATCOUNTRY? MARRIED ONEVER MARRIED POR MARR	OR COUNTY OF DEATH
WIDOWED   DIO CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. USUAL OCCUPA	TION 126 KIND OF BUSINESS OR
RAN AND DE OF WORK FOR MOS	OF WORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STREET ADDRES  130. STREET ADDRES	01263
MD Bolto. Polto. YES NO 1824 6	J. Saratega
A DE STATION MIDDLE TOWN MIDDL	Snowen
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADD  (YES NO OR INKNOWN) (IF YES, GIVE WAR OR DATES)  276-30-07-40 No. 11.	RESS
No 126-30-07-40 Della Gamble	2209 N. Ellamont St
18 CAUSE OF DEATH (Enter only one couse per line for (a) b), of d (c).1  PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF	4751.
Conditions, il any, which gove rise to immediate	
S to be cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(0)
& Recurrent UTI Vingus In Sufficiences	recurrent weeks
THE RECORD THE AUTOPS OF THE A	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  OF CONTRIBUTING PAGE  OF CONTRI	
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sow the deceased alive an above, (I) (we) (did) (did) and view the body alter death.	
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PHYSICIAN   DIRECTOR   PHYSICIAN	ICIAN 7
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230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	
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FOR - STATE

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DEPARTMENT	T OF	HEAL	TH AN	D MENTA	LHYG
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CEDTIEICATE OF DEATH

	07	REGISTRAR			CLRIII	ICATE OF DEATH	REG. NO.	
)		CEASED NAME FIRS	T	MIDDLE	Ł	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	TIME	Rob	ert	W.	Tans	sill.Jr.	Feb.11,19	87 M
	3. SEX		4 RACE		5. DATE O		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	0	Male	White		Apr	1060	26 . Y	MONTHS DAYS HOURS MIN.
Ц		RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	
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	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
9		Baltimore	107	W.Fort	Ave.	Batto.Md.	"Unemployed"	
d		AL RESIDENCE (IF NURSING HOSTATE 136 C	OUNTY	131 CITY OR TOW	N	136 INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP C	21230 Ave Balto.Md.
2	- 4	aryland		Baltimo	ore	YES XXX NO 🗆		Ave Balto.Md.
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	Y.	18 CAUSE OF DEATH (Ent PART ), DEATH WAS CA	er anly ane cause per AUSED BY	TY OLCANO	10	Mil Her	11.2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	NO	Dealout	es au	llibro		Hame	Hersen	
0	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPER TIO	N WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
$\mathbb{Z}$	TIF	A TOP STATE		40.14		0 0	YES NO	YES NO
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	70	22a I certify that (I) (this		e deceased from_	47		. 10	, that (I) (we) last
	18	The second district of	d por view the borry	after death.	-		death occurred an the date and	I have and from the causes stated
q	- 1	The Signature	VA			DEGREE, ATTENDING	MEDICAL STAFF	The DATE FIGNED /CS
H		IN PHYSICIANIS NAME (	TYPE OR PRINT	~		PHYSICIAN 1		2/12/8)
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-	22. 0	110141 6054111	124	100	IAME OF S	1/740 00,	PILITOM	81 ,21223
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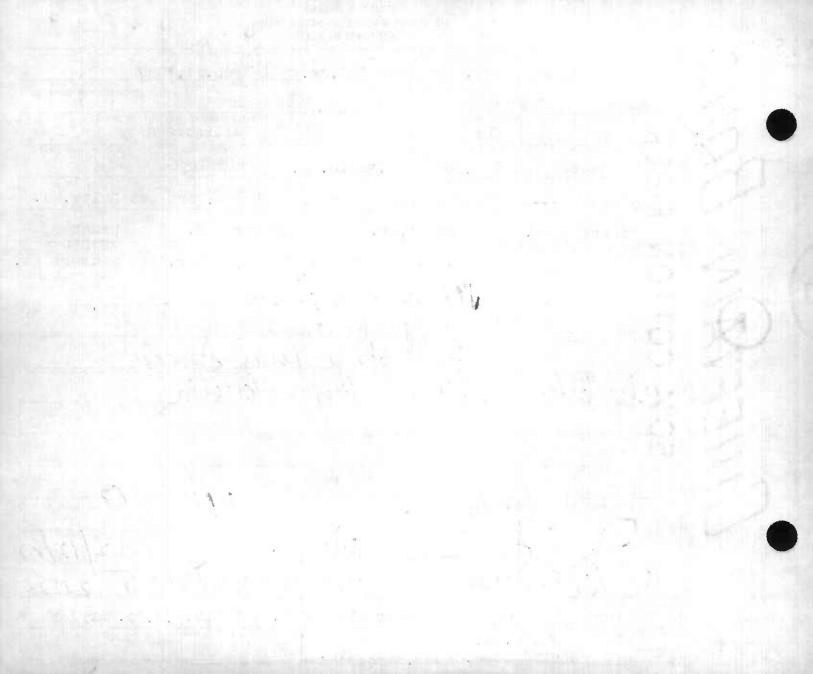
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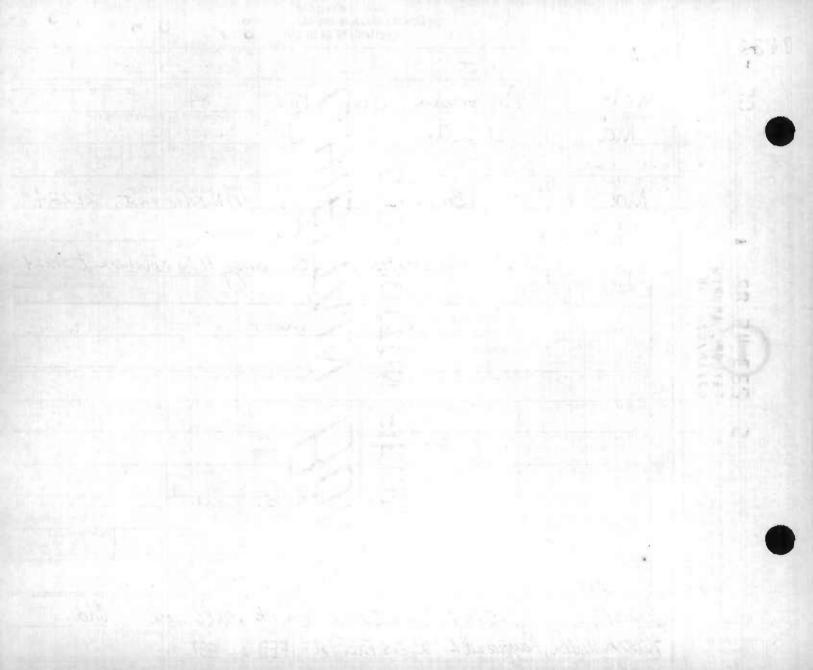
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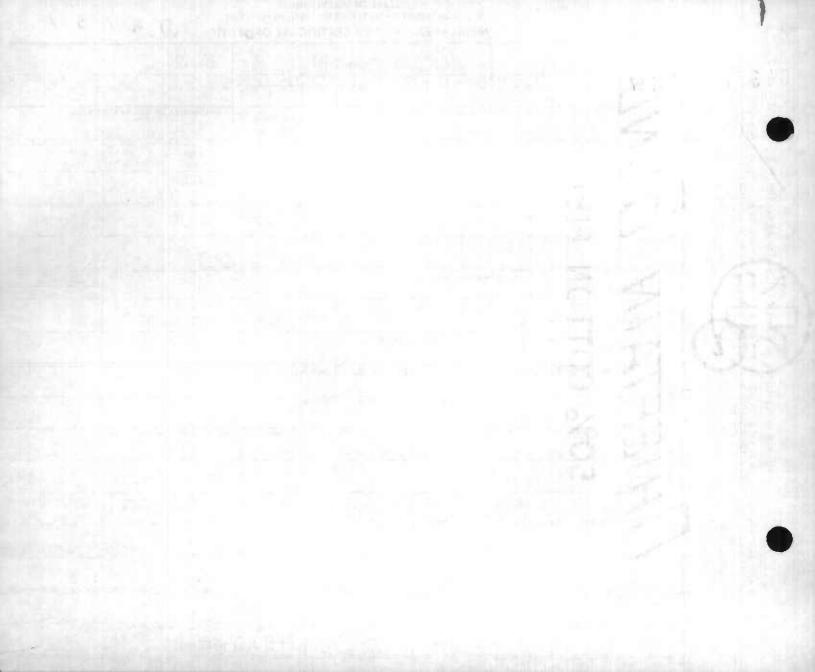


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2 4	<b>1</b> 250		THE OF MINT)  ANDREV	J.	TAY	LOR	FEBRUARY	3, 1987	1:44 ,
	L) The	3	Male	Paucasian	5. DATE OF	BIRTH 1902	6, AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	
	330	1	BIRTHPLACE ASTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		Ovever Married &	9 BALTIMORE CITY O BALTIMO	R COUNTY OF DEATH	MI
1	113	3	CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NUR (# NOT IN SUCH FACILITY, GIVE STR THE JOHNS HO	SING HOME OR	OTHER INSTITUTION OSPITAL	12a. USUAL OCCUPATION OF WORK FOR MOST OF		OF BUSINESS OR
			SUAL RESIDENCE (IF NURSING HOME OR 13b COUN	NTY III, QITY OFFICE	OWN 1	3d. INSIDE CITY LIMITS?	130 STREET ADDRESS /		1224
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	CH TH		PART I. DEATH WAS CAUSE	ily one couse per line for (a), (b), D BY: TE CAUSE (a) CARDIO	PULMO	NARY ARR	EST		minutes  minutes
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	hos bee r permit ene prio	7	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
	entiticate inditronsiti			HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART   OR PART 2)	
NAME OF THE PERSON OF THE PERS	attendin iter this c s the burn h and Me		OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d   IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE		OF LOCATION STREET	CITY OR TO	wn COUNTY	STATE
National Property of the Control of	CTOR A I for use of Health			tol) ottended the deceosed from FEB 3 19	07	that in (my) (our) apinion o	to FCD death occurred on the do	te and hour and from the	, that (I) (we) last e causes stated
	4 10 a z		226 SIGNATURE Julie 3 4	Levengstor	, ME		MEDICAL STAF	F _1 21	3/87
CH	FUN Sould b		Julie LIV	Ingston		600 N. WOLI	PHNS HOPKIN	SOHOSPITAL TO: MD: 2120	05
1	BP	2	BURIAL, CREMATION, REMOVAL	236 DATE 23	Wester	LEW HEMPK	Ballinu	ne courtle	L. STATE
Di	MH - 16 60M 7/B- (VRA 15, 4)	4	Lacrowski 1	Carriond L. 1002	225 F1	eofst FER	REC'D. BY REGISTRAR	251 REGISTRAR'S SIGNA	ITURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR 20. DATE KNOWN I. DECEASED NAME MIDDLE 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Donald Taylor 1987 6 6. AGE (IN YEARS | IF UNDER 1 YR. 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS. 7c. DATE 2d HOUR ST BIRTHDAY PRONOUNCED 3:15A MALE 10/.10/ 39 DEAD 19 87 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY) USA VA WIDOWED DIVORCED Baltimore City III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS SCHOOL STRY Balto. City N. Castle Street Baltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 13h COUNTY 13L CITY OR TOWN 134. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTO. YES X NO [ 1307 WILCOX ST. 21202 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE ELIJAH TAYLOR CHRISTINE **JOHNSON** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT ADDRESS NO 220366364 GLENDORA TAYLOR 1307 WILCOX ST. 21202 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Smoke inhalation DUE TO, OR AS A CONSEQUENCE OF Conditions if any which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? O MEDICAL EXAMINER: THIS CERTIFICATE SHO XECUTE THE CERTIFICATE, WRITING THE WORD AGE 4 SHOULD BE FORWARDED TO THE CHIL TO FUNERAL DIRECTOR: DECE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF AUTIMORE, MARY (AM), 21201 PRIOR TO BIRING YES [ NO X 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 2:57xx 6 1987 House fire TIE PLACE OF INJURY (AT HOME III. LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK AT WORK house 921 N. Castle St. Balto. MD. 220 I certify that I taak charge of the remains described above, held an Inspection and in my apinian death resulted fram. Accident Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M Assistant 2/6/87 SIGNATURE MEDICAL EXAMINER EXECUTE |
PAGE 4 S
TO FUNE
AFTER DE
BALTIMO EXAMINER'S NAME William M. Zane, M.D. Balto.MD. 111 Penn St. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE BURIAL 2/11/87 MT. AUBURN CEMETERY BALTO. 07/84 BP MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH** - 17 NAME (VR A15 ME (51) MARCH FUNERAL HOME 1101 E. NORTH AVE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR PECEASED NAME 20 DATE KNOWN ESTI-KATHERINE DEATH MATED WITHIN 72 HOURS TENNETT 2 20 19 87 4. RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR MONTH LAST BIRTHDAY PRONOUNCED 4:55 DEAD 1987 Female White 8 11 14 72 YRS AND 3 TO THE FUNERAL D RETAIN PAGE 5 FOR YO HOULD BE FILED, WITHIN 7 RECORDS, 201 W. PRESTOI Ta. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED Baltimore City Virginia WIDOWED 4 ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS OR INDUSTRY Jølelaler Homemaker Baltimore 1325 Hollins St. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITHENNITS? 13e STREET ADDRESS Md. Balto. 1325 Hollins St. YES NO 21223 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Newton Smedlev Eliza Garrett 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT **ADDRESS** LIF YES, GIVE WAR OR DATEST 223-20-4422 IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION MENT OF HEATO BURIAL, C 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO TY DEPARTMENT 710. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING POGE 4 SHOULD BE FORWARDED TO TO FUNKRAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPARA BALTIMORE, MARYLAND, 21201 PRIC TIE PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY 27a I certify that I took that a of of the remains described above, held an Inspection X Autopsy and in my apinian death resulted fram Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE M.D. Assistant 2-20-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. (TYPE OR PRINT) ADDRESS 111 Penn St., Balto. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 73c NAME OF CEMETERY OR CREMATORY COUNTY STATE Removal 3-2-87 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) State Anatomy Board Balto., Md.

STATE OF MARYLAND

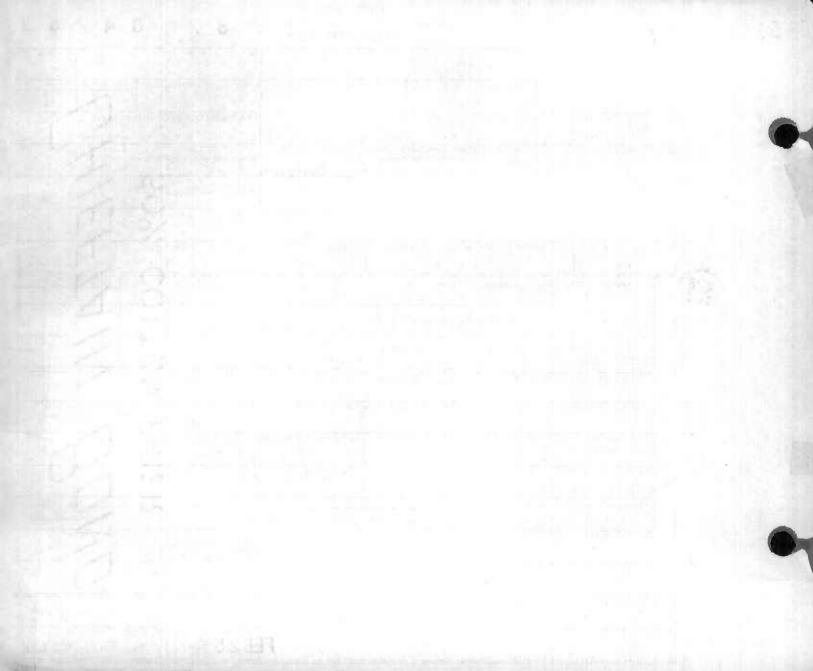
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	ge 4 me ector, p ors after	~	<b>v</b> . 527	female	cehi	te Mon	PERITH 2	98 190	YRS. MONTHS DATS HOURS MIN.		
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IMORE,	ond co	medical		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	216-54-4713	Rev. George	Raduano 61 W	ise Ave. 21222		
ST., BALT	ertificoe	Asset III		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	inly one cause pe ED 8Y: ATE CAUSE (0)	Respiratory are	est		BETWEEN ONSE! AND DEATH  30 Minute)		
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W. PRI	by the case remot	other fr		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C	DR AS A CONSEQUENCE OF	e151'5				
DS, 20	quires t signed Then pled ta buria	nlury, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	rminal disease or condi	TION GIVEN IN PART IIa		
I RECORDS	ne low re on. hos been permit.	ows ony	FIFICATION	190. DATE OF OPERATION	19b. CONE	DITION FOR WHICH OPERATION	ON WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \bigcap \)		
DF VITA	TO TO TO	9 8 9	AL CERTIFI	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	HOUR A	OF INJURY	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)		
DIVISION OF VITAL	G PHYSICIA of this certification of the burial-	ked or he	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE  214. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
5	TENDING or o TOR: Afron use as of Health	ZI is mar	ă	220.1 certify that (1) (this hasp sow the deceased alive or above, (1) We haid (did n		1 1 1 1 1 1	and that in (my) (our opinio	T. to 2/2	and hour and from the causes stated		
	0 0 0 0 0	i ii iiem	Ŋ	226. SIGNATURE OF	bl. 9	A and an	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED		
	TO HOSPITAL retoined by the TO FUNERAL should be determined by the the Store with the Store with the Store should be the should be the store should be the sho	J OKLAN		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)  Grossm	2000	220 ADDRESS	Rottke			
		¥	23o. E	URIAL, CREMATION, REMOVA SPECIFY)  DURIAL		23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE		
	BP		24. FL	INERAL DIRECTOR		,	awn Cemetery	ATE.REC'D, BY REGISTRAR 29	Bacto Co Md		
	DHMH - 16 50M 4/ (VRA 15, 4)	82	Ch	artes S. Zeile	er & Son	Inc. 108224 Eas	stern Ave.	6 1987	mre houses Kerange		

1. It is the second of the sec rice justice in the control of the second yes.

350 FEB 2		FOR STATE REGISTRAR	D		IEALTH AND MENTAL HYG	IENE 8 7	0 4	165	
		CEASED NAME FIRST	WIDDLE		AST			YEAR 26 HOUR	
oy be oge 3 death		Baby		2 4 8	7 5:00 AM				
. Po	3. SE)	1 1	4 RACE	5. DATE		6. AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 HRS DAYS HOURS MIN.	
9.0		Male	D lack		24 87	YRS //		11 MIN.	
2 80		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	. CITIZEN OF WHAT COUNTRY? 8		9 BALTIMORE CITY OR COUNTY		OF DEATH	
野 BS		Maryland	U.S.A.	WIDOW	7626	Baltimore City		MD.	
23 31/	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
語を	Ва	altimore	SI 0- 11			N/A . N/A			
53 5	H.U.	AL RESIDENCE (IF NURS)	OTHER INSTITUTION GIVE RESIDER	NCE BEFORE ADMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
1 25	1000	Maryland	and the same of th	imore	YES XX NO		ensgate R	oad 21229	
		THER'S NAME		LAST	15. MOTHER'S MAIDEN NAM	ME		TEVE STORY	
事 爱	)	Unknown	MIDDLE	LAST	Jacquelin	re A	Tho	mas	
0 0		VAS DECEASED EVER IN U.S. AL		AL SECURITY NO.	17. INFORMANT	ADDRE			
Pope Pope	. (	res, no or unknown) (IF yes, Gi	VE WAR OR DATES)	N/A	602 Queen	isgate Rd	Baltimor	e Md 21229	
1			nly ane cause per line for (a	), (b), and (c),			BF	APPROXIMATE INTERVAL	
1 1997		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)		Rivermy	arrest		95311		
104		IMMEDIATE CAUSE (o)							
200	100	Canditions, if any, which ( 16) MEEN WELL TO CALLE AND THE CONSEQUENCE OF SCHOOL AND CONSEQUENCE							
1,000		gave rise to immediate couse (a), stating the DUE TO, OR ASÍA CONSEQUENCE OF							
40 S		underlying couse lost. Due 10, OR ASIA CONSEQUENCE OF							
en ple burio uny, or	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
The state of the s	ATIO	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	IN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE	FINDINGS LISED	
os pose	MEDICAL CERTIFICATION	THE DATE OF CITED WHO IT	170 CONTONIO				IN CERTIFYING CA	AUSES OF DEATH?	
cote h ronsit p Hygiei 18 shav		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE	YES NO	YES D	NO	
Trough 18		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	THE THOU MAJORIT OCCORD	LED LEWISK MYTOKE OF MAJO	KT IN TEM TO PART TORP	mn ej	
Mente Sr Hen		(IF EITHER NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED		19	21f LOCATION				
s the bu		WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR		STREET	CITY OR TO	wn cour	NIY STATE	
se o se o ealth		22a. I certify that (1) (this hasp	ital) attended the decease	d from	, 19	, to	19	, that (I) (we) last	
of Horse		saw the deceased alive or	n	19, o	nd that in (my) (aur) apinion o	death occurred on the de	ate and hour and fic	im the couses stated	
hed spt.		above, (1) (we) (did) (did nat) view the body after death.  The SIGNATURE DEGREE 224, DATE SIGNED							
te Dort		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							
FUNERAL old be dete		22d. PHYSICIAN'S NAME LITTE			22e ADDRESS		Baltimor	e. MD.	
should be de with the Stort		ARTHUR	L. MACARA	EG		St. Ag	nes Hospi		
7 € 3 ₹		URIAL, CREMATION, REMOVA	23b. DATE	23¢ NAME OF	EMETERY OR CREMATORY	23d. LOCATION			
		Burial	2/19/87	New Ca	thedral	Baltin	lore	MARYLAN	
	24 FU	INERAL DIRECTOR				E REC'D. BY REGISTRAR		GNATURE	
H - 16 60M 7/84 (VRA 15, 4)		Tales Tuest 1		DDRESS	F	EB 2 5 1987	Antin Tan	dron Pandala	

Witzke Fun'l Home, 1930 Edmondson Ave.

STATE OF MARYLAND



	FOR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY	GIENE	
	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	04/04
Q 8 Re FEB 25	DECEASED NAME FIRST	A ROOP	THOMAS .	20 DATE OF DEATH MONTH	2J- 87 7.18 M
a or at	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
ge 4	Female	White	7 5 1898	88 YRS	
Po Pour	BIRTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
nero na 72	Virginia	U.S.A.	WIDOWED DIVORCED	Baltimore	city
D 24 /12/ 10	CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINESS OR
100	Baltimore	Liberty Medic		Homemaker .	INDUSTRY
i a a a	SUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO	PRE ADMISSION)		
0 2 0 5	Maryland 136 COUN	13c CITY OR TO		3805 St. Marga	
	FATHER'S NAME		15. MOTHER'S MAIDEN N		rets St. 21225
le de		ADDLE LAST	FIRST	WIOOFE	LAST
0 16	Charles 1 was deceased ever in u.s. ara	Monroe Ro		ADDRESS	Epperly
ond	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			
is in the second	18 CAUSE OF DEATH (Enter onl	1231-24-		7602 Savannah St	APPROXIMATE INTERVAL
the appeal by the art Then please sembly o'to buy'ol. comorphy inlery, or other trans-		DUE TO, OR AS A CONSEOL	Shock - D DEATH BUT NOT RELATED TO THE TER		GIVEN IN PART 110
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	h operation was performed		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{\tint{\text{\text{\text{\text{\ti}\text{\texi\tex{\text{\text{\texi\text{\texi\text{\text{\texi}\til\text{\text{\text{\text{\texi
ALL CONTRACTOR OF THE PARTY OF	OR COLUMNIC COLUMN	21b. TIME OF INJURY HOUR A.M. MONTH (	DAY YEAR	RRED (ENTER NATURE OF INJURY IN 17EM I	8 PART   OR PART ?}
hand Me	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
JOE, As for use of Healt 21 is mo	22a.1 certify that (1) (this hospite sow the deceased alive an above, (1) (we) (did) (did not	2-21-		, to, to	. 19 3 that (It (we) lost rout and from the causes stated
AL DIRE Seroched site Dept.	22b. SIGNATURE A nette	- ,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2-2 1-87
PORTAN P	A leyamme	PRINT) Malher	Liberty;	redical center	· belling mg
23	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
3P	Burial	2/24/87	Fair View Cemetery	Roanoke	Virginia
HMH - 16 60M 7/84	FUNERAL DIRECTOR	ADORESS	21229	TE REC'D BY REGISTRAR 25h. REG	ISTRAR'S SIGNATURE
	Hubbard Funeral H		Wilkens Ave.	1987 July	Direction Budges

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DHMH - 16 60M 7/84 (VRA 15, 4)

## STATE OF MARYLAND

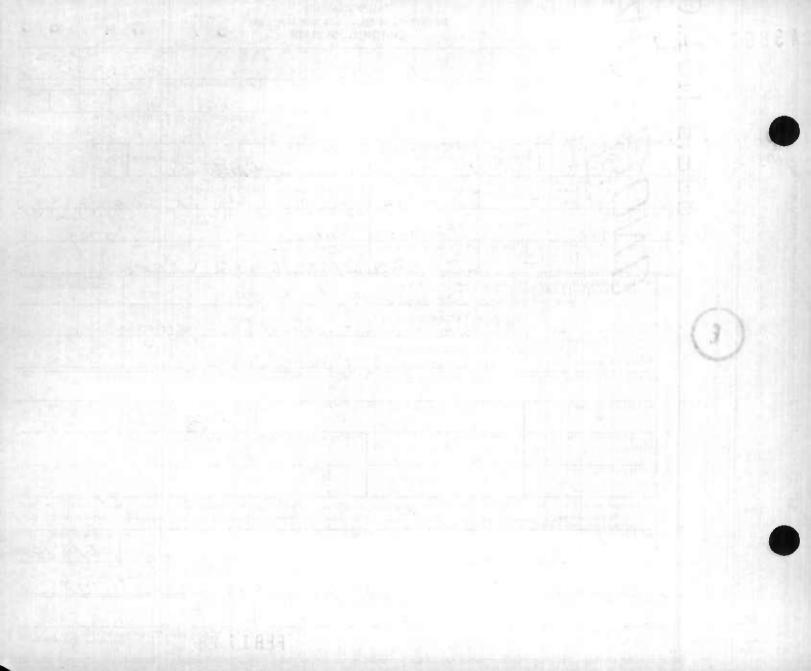
8	REG. NO.	0	4	1	Ó	1
70.00	D-C-4-211					_

9	81'-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL H	YGIENE	8 / REG. N	0.	14/	0 5
1	1 DEC	CEASED NAME EIRST		AIDDLE		AST	20 D	ATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		Earl Thomas							2/1	3/87	M
	3 SE)		4 RACE		5. DATE (		6 AG	E (IN YEARS LAST BE	THDAY}	MONTHS DAYS	HOURS MIN.
	2 00	male	Black		丁丁	4 69	77		YRS.		
5	(	RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	U.		WIDOW			Balto.		Y OF DEATH	MD.
8		Balto.	11. NAME OF H	HOSPITAL, NURSIN HEACILITY, GIVE STREET	IG HOME (	OR OTHER INSTITUTION		OF WORK FOR MOST O			BUSINESSOR
5	USUA 13a S	AL RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Balto		13d. INSIDE CITY LIMITS? YES 🔯 NO 🗌	130.51	REET ADDRESS	zip cop ul A		125
		THER'S NAME VIATION Thoma	MIDDLE S	LAST		Sarah Smi		MIDDLE		ŁAST	
		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDR			
	(,	no	SIVE WAR OR DATES!	215-09-	1683	Doris Tho	mas	502 Se	agul	Ave. W	life
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN	(b)	AS A CONSEQUE	NCE OF	Akteursch		Marg	en ISCA	-6	
	TION		Ceno	1 - HAIL	wy		b(_ 1				
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERTI	S, WERE FINDING FYING CAUSES O ES	GS USED OF DEATH? NO
5	-	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIEY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCC	URRED (	ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2}	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY EET, EACTORY, OFEICE, F.	ARM, ETC )	ZII LOCATION	1	CITY OR TO	NWN	COUNTY	STATE
		22a I certify that (I) (this has	pitol) orgadath	17 19		Section 1	, to	occurred on the d	ote and hou	19, th	not (I) (we) lost ouses stoted
		MAS	llu	-	1	ATTENDING PHYSICIAN	MEI	DICAL STA	FF CIAN [	27c. DATE S	D/P
		CALVINT	- Frhe	MANN	/	30015.	FIR	NOVE S	F Bo	alta w	223
	(	urial, cremation, remova Burial		0		emetery or cremator uburn		Balto.	Md.	COUNTY	STATE
	24 FU	neral director C. Mainwrigh	t 2700	Edmônds		25e D	EB 1	D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNATU	RE CALLE

Tenrell MONS Chama Addingwale Crow Bernet Johlers JAN 1860 -18,087 CITY STORY OF THE WARRENCE TO STORY OF THE WAR THE RESERVE AND PARTY OF THE PA

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH Q7 REGISTRAR REG NO DECEASED NAME 2a. DATE OF DEATH 26. HOUR (TYPE OR PRINT) 2 6 AGE (IN YEARS LAST BIRTHOAY) 4. RACE 5. DATE OF BIRTH IF UNDER LYFAR IF UNDER 24 HRS 3 SEX 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED DIVORCED | 126 KIND OF BUSINESS OR INDUSTRY TIN COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 7) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME. STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended, the deceased from, saw the deceased alive an. and that in (my) (our) apinion death occurred on the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN NAME CTYPE OF PRINTS 22e ADDRESS HOSPITAL 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) LITY OR TOWN STATE Glennburnie Md. Buria Cedar Hill Cem. 250 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FEB 1 1 987 24 FUNERAL DIRECTOR March West F/H 4300 Wabash Pre.

DHMH - 16 60M 7/84 (VRA 15, 4)

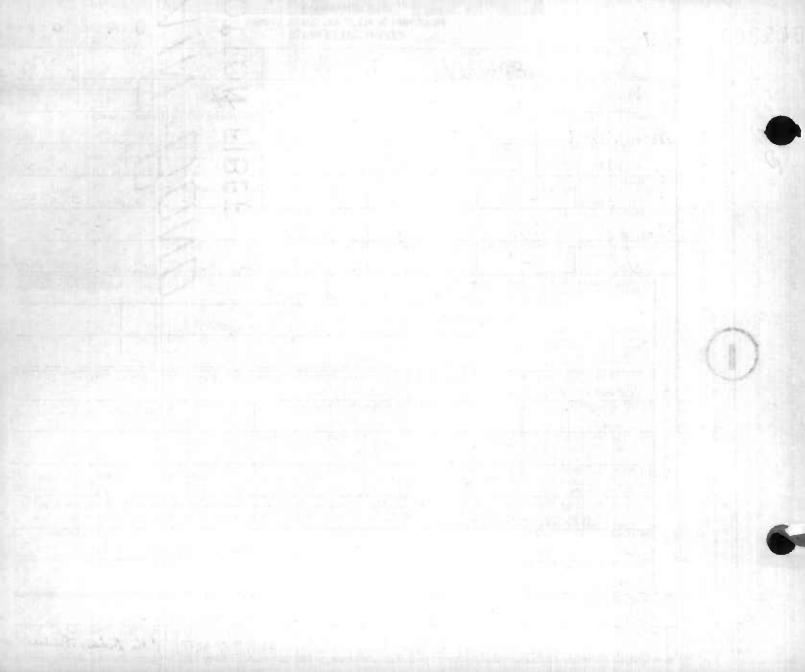


William C. March F/H 4300 Wabash Ave.

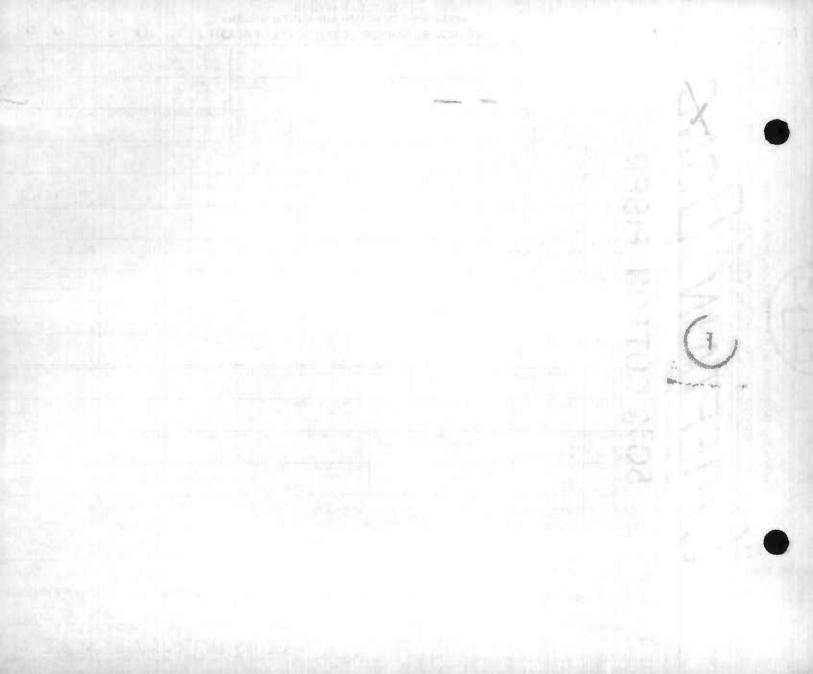
Julia Divideon Pandale

DHMH - 16 60M 7/84

(VRA 15, 4)



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O HAR -	1 23	FOR Gbj	•				XAMINI							.0	4	1 8	3
	1. DEC	EASED NAME	FIRST			IDDLE			LAST			7a DATE	KNOW	N I'M M	ONTH	DAY YEAR	R 2b HOUR
2	(TYPE	OR PRINT)	RUPER	RT	LE	EROY		TH	DMAS		200	OF DEATH	ESTI- MATED		2/	25/1987	
STREE /	3. SEX	4	RACE	5. DATE OF			AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDE	R 24 HRS.	2c. DATE		MC	NTH	DAY YEA	
1	MA	LF I	BLACK			200	60 YR		DAYS	HOURS	MIN,	PRONOU	NCED		2/	25/19 8	11:20
X	7a Bil	RTHPLACE ISTA		76. CITIZEN					V7			9 BALTIN	AORE CIT	Y OR CO		Y OF DEATH	37 47 .4
70		CAROL I	NA	U.	S.	Α.	-	WIDOW	ED NE	VER MARI	SIED L		timo	_			
1		Y OR TOWN O		11. NAME C	OF HOSPITA	AL, NURS	ING HOME,				12a USU	JAL OCCU	PATION	(TYPE OF W		126 KIND OF	BUSINESS
d		Balti	more	Mary	yland	Pen	itenti	ary			CA	ATERI	NG LIFE)			FOOD S	ERVICE
-	MSUA Illu ST	L RESIDENCE (#	IN HURSING HOME			SIDENCE BEI		N)	13d INSIDE C	ITV 1 MILES						, Mary	
5		ARYLAND	130 0001	***		BALTI			YESX		954	Fore	st S	tree	t	212	
250	14 FA	THER'S NAME		WIDDLE		LAS			15. MOTHE		EN NAME		AIDDLE			LAST	
M	1	Isaac					mas		Ве	ettie			MIDDLE			Fox	
1	16a. W	AS DECEASED	EVER IN U.S. AR	RMED FORCES	? 10		L SECURITY	NO.	17. INFORA	M THAN	r.	Ba	1 tapper	ore.	Ma	ryland	
1		No							Mary	A. T	homas					Stree	
		18 CAUSE OF	DEATH (Enter or TH WAS CAUSE	nly ane cause p	per line far	(a), (b), a	ind (c).)			0 (54)						APPROXIM.	ATE INTERVAL
3		FARTIDEA		TE CAUSE (a).				Carc	inoma	tosis	3						
150		0 10	4 111		O, OR AS	A CONSE	QUENCE O	F									
348		gave rise	if any, which to immediate	(b)													
10 J		lying cause	ating the <u>under</u> - last.	DUET	O, OR AS	A CONSE	QUENCE O	F								4.60	LILEO I
1				(c)													
Kon on	4		FICANT CONDITIONS				TO THE TERMIN	IAL DISEASE	DR CONDITION	N GIVEN IN PA	ART 1 id.		-				
AL, CREW	- E	HTL -	3 Antil				UCI L ODED A	71001111									
SIAL	CERTIFICATION	THE DATE OF C	FERATION	190 C	ONDITION.	N FOR WI	HICH OPERA	HON W.	AS PERFOR	MED?						20 AUTOPS	SY?
BO	E	210 EXTERNAL	CAUSE WAS	121h TI	IME OF INJ	IIIDV		121. NO	WALIFIAL AND	OCCUPRI						YES X	NO 🗆
DI PRIOR TO BURIAL,		UNDERLYING	OR	HOU			AY YEAR	ZICHC	W INJURY	OCCURRI	ED GENTERN	VATURE OF IN	JURY IN ITE	M 18 PART 1	OR PART	2)	
S	MEDICAL	214 INJURY OC	CURRED CAUSE OF		P.M.	NIURY	19	71f 100	CATION		-						
	ME	WHILE AT WORK			EET, FACTORY,				TREET			CITY OR TO	WN		COUN	1TY	STATE
									(T)								
2			that I taak charg	ge of Harlana	ins describe	ed abave,	held an	Autaps	y [X].	Inspectio	an .	Inquiry	Ш.	and in r	ny apir	nian	
RYL		death resulted	fram: Natu	ration of	Acc	cident L	Vic	ide	Hamic		Undete	ermined mo	anner _	].			
MARYLAND,		ACTUAL		1	11	V			TITLE (SI					D	ATF	0/05	107
28. —		SIGNATURE	/	V	-0			M.	D. ASS.	IStai	It MEDI	CALEXAM	AINER	S	ATE	2/25	0/8/
ALTIMORE, M		EXAMINER'S NA	ME Gree	gory R.	Kauf	ffmar	. M D		ADDRESS	1	11 Pa	enn S	+				
BAL	23a. BU	RIAL, CREMATIC	ON, REMOVAL Z		naai		ME OF CEMI					CATION			=		
	(5P	EC#YI		2/28/1	987		AR HIL				CITY C		BALT	IMORE	COUNT	MARYLA	STATE ND
,	24. N		SONS FL								REC'D. BY						
1)			S FALLS					212	1	MAR	203	1987	Juli	-	n.Best	-	W.
					to I the I	-11011	- 9 110		-20	4454 64 .			3	- DA -A-	31 14	MY ST. WALLEY	Committee

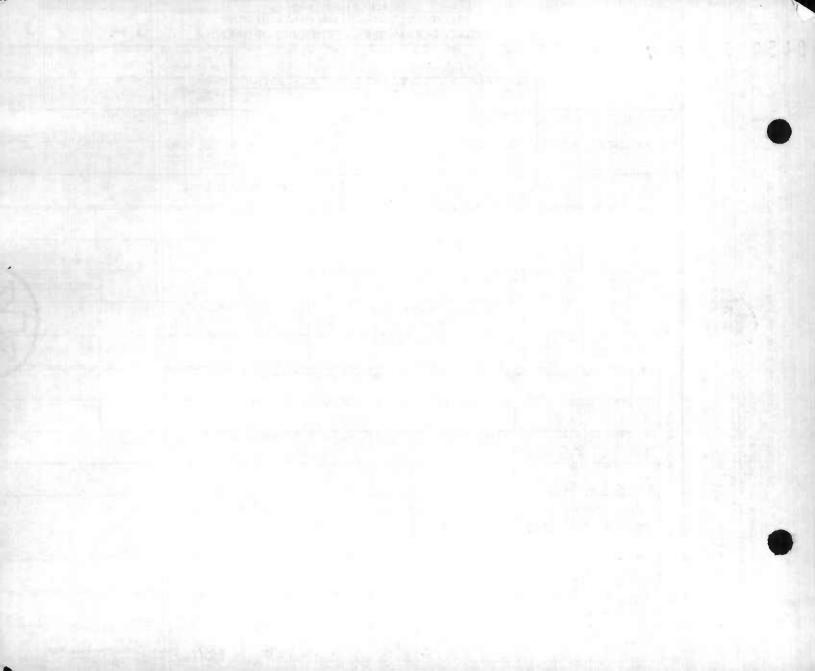


	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	8 REG. NO	04/6	5 1
7 gasapur FEB	(T)PE		LU AM	THO	MAS	2	16/87 3:	OUR N
rector. pours ofter	3. SE	MACE	BLACK	S. DATE C		6. AGE (IN YEARS LAST BIR	YRS MONTHS DATS HOUR	NDER 24 HRS
hin 72 ho	4	RTHPLACE   STATE OR FOREIGN COUNTRY)  A CA  ITY OR TOWN OF DEATH	4.5. A	WIDOW	D NEVER MARRIED DIVORCED TO OTHER INSTITUTION	77 1	ORE CITY ON 12b. KIND OF BUS	ME
filed with	18	BALTIHORE	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	ALCH.	(TYPE OF WORK FOR MOST O		
on pariety	lla i	12. In cou	INTY UN CITY OF	TOWN	YES NO .	13. STREET ADDRESS / 1630 Clift	ZIP CODE view Ave. 212	213
300		George	weed Thor	27.7	15. MOTHER'S MAIDEN NAM Estella	WIDDIE	LAST	
Poges		VAS DECEASED EVER IN U.S. A YES, NOOR UNKNOWN) (IF YES, G	IVE WAR OR DATES	SECURITY NO. 9-6449	Frances John	nson 1630	Cliftview Aven	nue
prior to buriol, cremo	ATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION	DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING	G TO DEATH BUT		INAL DISEASE OR CONI	DITION GIVEN IN PART I O	JSED
18 shows or	CERTIFICAT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	I DAY YEAR	21c. HOW INJURY OCCURR	YES NO	IN CERTIFYING CAUSES OF DE	
rked or Item	MEDICAL	OR CONTRIBUTING CAUSE OF DI  [IF EITHER NOTEY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOTE HILE  AT WORK AT WORK	CAIR	19	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
d tor use of 1 of Health m 21 is mo		sow the deceased alive a	pital) attended the deceased f	.19, o		to depth occurred on the do	ate and hour and from the causes	
State Dep		22d PHYSICIAN'S NAME (TYPE	dris X	· Cl	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF		127
should be deto with the State [ IMPORTANT: If	22	LEDUL	ina el	UTO	UBIR	, ,	licase ct	resu
33		Burial, cremation, remova Burial	2710/87		ew Memorial Pl			MD
16 60M 7/B4 A 15, 4)		uneral director  n. C. March F/1	H, Inc. 1101 E	North	Avenue FE	B 0 9 1987	256 REGISTRAR'S SIGNATURE	المعا

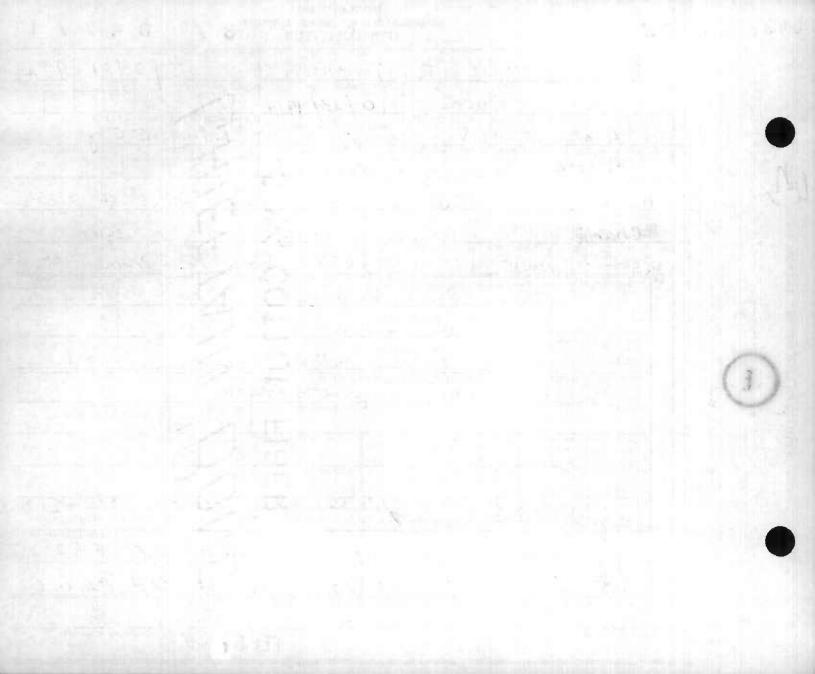
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		FOR				DEPART	MENT OF	HEALTH	AND M	ENTALE	HYGIEN	IE .		^	5	.,	1	0
		STATE REGISTRAR			MEI	DICALI	EXAMIN	NER'S C	ERTIFIC	CATE	OF DEA	CH /	REG. I	9	4	1	1	U
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3	. SEX		4 RACE		TE OF BIRTH	YEAR	6 AGE (IN Y	ARS IF UN	DER 1 YR.	IF UNDER		2c. DATE		MÖN	-		YEAR 2	2d. HOUI 2:45
		M	В	7	1			RS.	DAYS	HOURS	MIN.	DEAD		7	2/ 1	7/19		Z:43
17	7a BI	RTHPLACE (S	TATE OR	7b. C1	ITIZEN OF WH	AT COUN	TRY?	8. MARRI	ED NE	VER MARR	IED X	9. BALTIN	ORE CITY	OR CC	YTHUC	OF DEA	TH	
		MD			USA			WIDOW		DIVORC		Balt	timor	e Ci	itv.			ME
1	0 CI	TY OR TOWN	OF DEATH	11. N	AME OF HOS	PITAL, NUF	RSING HOM	E, OR OTH	ER INSTITU	TION		UAL OCCU	PATION (T			OR IND	OF BUSI	
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		MD				В	ALTO.		YES X	NO 🗌		17 APPR	RK AV	FNU	£ 2	21217		
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1		LOU		HENR			ÔMAS			ENE					5	SHELL	IUN	
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ı	Н	37.3		DIATE CAU				ultip	ne st	Lab WC	ounas	5						
		Canditia	ns, if any, wl	hich	DUE TO, OR	AS A CON	SEQUENCE	OF										
		gave ri	se to immed	diate	(b)	45 4 504	CEOUENIOS.	0.5										
Ŧ		lying cou		der	DUE TO, OR	AS A CON	SEQUENCE	OF							1			
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7	ATIC	19a DATE OF	OPERATION		196 CONDIT	ION FOR	WHICH OPE	RATION W	AS PERFOR	MED?	. 10.0				1	20 AUTO	OPSY?	
1	IFIC	THE PARTY NAMED IN													- 6	YES	K)	NO 🗆
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		UNDERLYING CONTRIBUTI	S X OR NG ☐ CAUSE	OF DEATH	HOUR A.M		2 / 1987		ject	found	d sta	abbed						
1	MEDICAL	21d INJURY			21e PLACE C		(AT HOME.	21f LO	CATION			CITY OR TO	late i					
	¥	WHILE AT WORK	NOT WHILE	X		OMC.	C.)	191		ck Ave	e F	Balto.		V. N	inuoo da.	Y		STATE
1		27a Leerti	fy that I took c	harge of th	13 F 27 T 1		ve. held an	Autop	-	Inspectio		Inquiry			ny opini	on		
		deoth result		North of Colo		ccident		vicide		cide X		rermined m			-y opini	WI1		
				X	TY		, 50			PECIFY)	Jildel	eu III						
		ACTUAL SIGNATURE.	21.24-1	1	11	1/		M	,		nt MED	ICAL EXAM	AINER	D.	ATE	2/1	18/8	7
5		EV A M INTERIO	NAME	-							,,,,,,,	TOTAL CAM		31	51460			П
		(TYPE OR PRI	NT)G	regor	y R. K	auffm	an, M.	D	ADDRESS_		11	l Peni	n St.					
2	73a BI	JRIAL, CREMA	IAL REMOV	AL 23b DA	TE / O / O		IAME OF CE			ORY	23d. LC	OCATION			COUNTY	-	STATE	E
		40.15		21	/20/87	GA	RRISO	N FOR					GS MI				M	1D
1	24 FL	NERAL DIREC			ADDRESS	115	134.5				-	Y REGISTRA	AR 256 REC	-				
		MAR	CH FUNE	RAL H	OME 1	101 E	. NOR	TH AV		FFR	20	1087	Julia	De0	ridorn	· Kons	lace	

STATE OF MARYLAND



	1			STAT	E OF MARYLAND				
U43293 FEB	9.8	STATE REGISTRAR	DEF		EALTH AND MENTAL HYO ICATE OF DEATH	Ö.	REG. NO.	0 4	111
		CEASED NAME FIRST	WIDDLE	l.	AST	20 DATE OF D	EATH MO	NTH DAY YE	AR 26 HOUR
2 20			Cirse 1	R. TI	ompson		2	12187	1 90 AM
de 4 may ector, pa	3 SE	Male	Black	5. DATE C	DE BIRTH VEAR 1919	6. AGE (IN YEAR	S LAST BIRTHDA	YRS.	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
1 1 40		RTHPLACE (STATE OR FOREIGN A)	76 CITIZEN OF WHAT COUP	MARRIE WIDOWE		9. BALTIMORE	HIMO	OUNTY OF DEAT	TH MD.
n 138		Ballmore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE UALUALA	STREET ADDRESS)	naryland	170 USUAL OC			OD OF BUSINESS OR STRY
個/ 11	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	NTY 13c. CITY O	BEFORE ADMISSION) TOWN -(MU/L	YES NO [	13. STREET AD		IP CODE 19 814 St	21230
# 1 150kg	14 FA	THER'S NAME	MIDDLE LA		15. MOTHER'S MAIDEN NA		MIDDLE	, , ,	ŁAST
1 101	14. 1	VAS DECEASED EVER IN U.S. AR		NOSOM SECURITY NO.	17. INFORMANT		ADDRESS	14/6	25
TIMORI Poped Poped Poped	. (	ES, NO OR UNKNOWN (IF YES, GI	WII 229	34 3985	Benice L	yach ?		Princes	
ST., BAL milicore physic onpoper enough	10		nly one cause per line far (a), (ED BY: TE CAUSE (a)	ib), and ici. I	illure.				PPROXIMATE INTERVAL WEEN ONSET AND DEATH  2 4 80 -5
N 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			DUE TO, OR AS A CON	SEQUENCE OF	,				
S 8 1111	1	Conditions, if any, which gave rise to immediate	( 1b) Ity	pertens	100				
N. Contraction		cause (a), stating the underlying couse last	DUE TO, OR AS A CON	SEQUENCE OF	mellitus.				54rs
"人工	NOI	PART 2. OTHER SIGNIFICANT	disorder	Cic	arrette 1	MINAL DISEASE O		ION GIVEN IN PAI	
1 11117	FICA	190 DATE OF OPERATION	19b. CONDITION FOR V	HICH OPERATIO	N WAS PERFORMED	20a AUTOPS	5Y? 20	Ob. IF YES, WERE F	INDINGS USED USES OF DEATH?
E 20 210 2	GE ST	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121. HOW MILLIPY OCCUR		40 K	YES [	NO 🗌
OF VI	1	OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	KRED (ENTERNATUR	IE OF INJURY IN	NITEM IB PART I OR PAR	(1 7)
WISION WISION AND AND AND AND AND AND AND AND AND AN	MEDIC	21d. INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	ZII LOCATION STREET		CITY OR TOWN	COUNT	TY STATE
N N N N N N N N N N N N N N N N N N N		27s I certify that (I) (this hosp	This o	c/an'	. 17	, to	P 2	. 19.8 /	, that (1) we) last
2 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 1			ot) vg/s the body after death.		d that in (my) (aur) opinion	death occurred o	on the date	and hour and from	n the causes stated
9 - 0 2 0 - 1 2 x x x x x x x x x x x x x x x x x x x		27h SIGNATURE	1.11		ATTENDING	MEDICAL	STAFF '		DATE SIGNED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	224 PHYSICIAN I NAME CHIES	Mums	~ Mr	PHYSICIAN [	DIRECTOR		1	45 2 1987
O FUNERA Monda by Monda be di min the Stat		lorge Will	liamson 1 L	IGHT	22 S. GVY	een s-	+ 1	Dept m	edicine
21 -213	23o 6	SURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATH		COUNTY	STATE
BP	E	urial	2/6/87	Gari	rison Forest	Owi	inas M	lills Md.	
DHMH · 16 60M 7/84 (VRA 15, 4)		Iarch F.H. West	4300 Wabash	Ave.	250 DA	B 5	87 25h	REGISTRAR'S SIG	SNATURE '



BP\_\_\_\_\_\_

(VRA 15, 4)

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

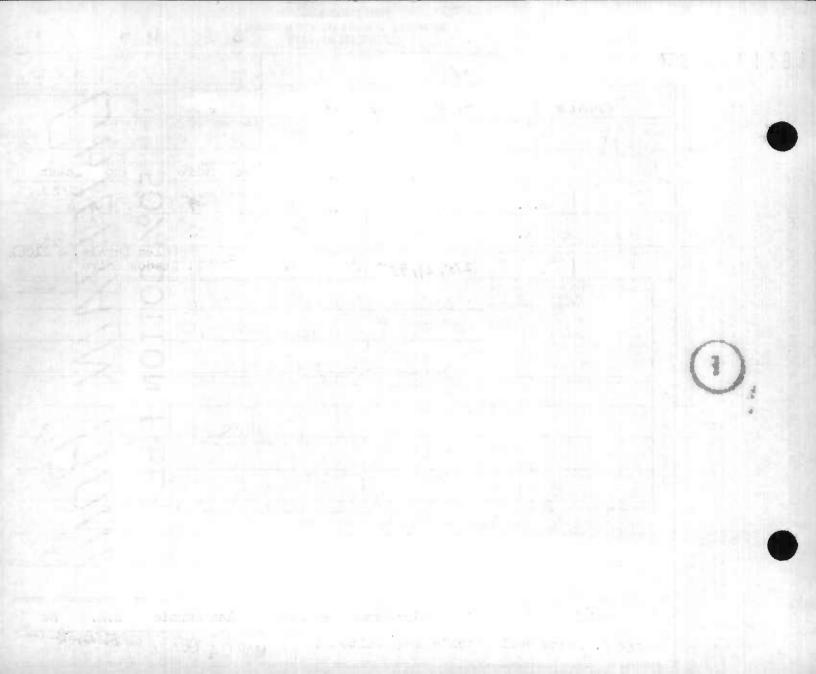
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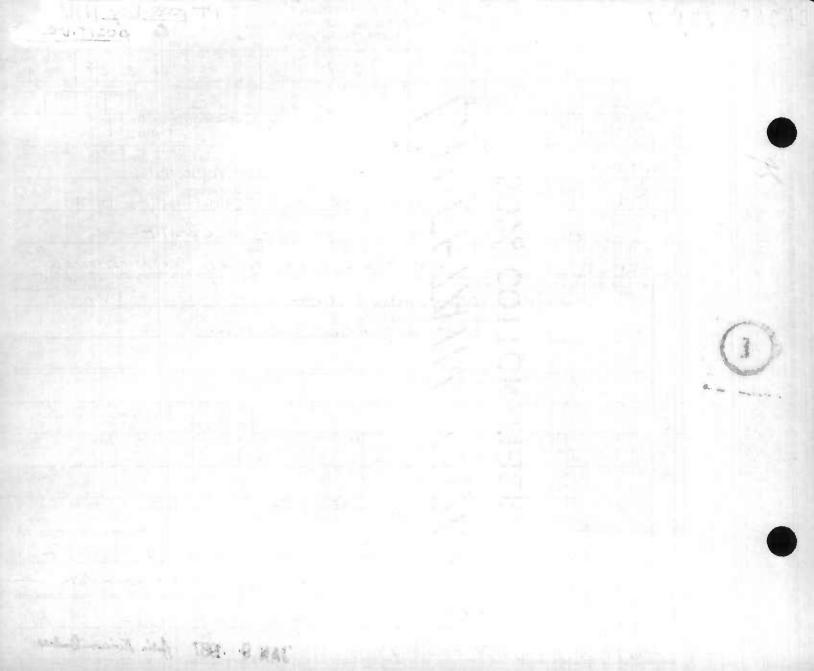
		REGISTRAR						REG. N	IO.		
14	1 DE			MIDDLE	LAST		2a DA	TE OF DEATH	MONTH	AY YEAR	26. HOUR
		Poris Luong	ism					2	25	8+	4AM
	3 SE	× - V	4 RACE		. DATE OF BIF	TH DAY YEAR		(IN YEARS LAST HE		ONTHS DAYS	HOURS MIN.
			D	5	10 8	7 28			YRS		
75	76 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF		MARRIED	NEVER MARRIED	X 2	I hum	CLEZ	OF DEATH	MD.
1-1	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME OF O		1 12a U	SUAL OCCUPAT			F BUSINESS OR
1		Balto	mercy	twinited	1 Bach	s hul	1 7. 3	nd cap		INDUSTRI	
35		AL RESIDENCE (IF NURSING HOME OF	NTY POTHING	Balto	13d	INSIDE CITY LIMIT	IS?   13e ST	REET ADDRESS	ZIR CODE	Tá	11202
3	14 FA	THER'S NAME FIRST	WIDDLE	LAST	15 /	AOTHER'S MAIDER	dna	WIDDLE	B	rown	
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURI		NFORMANT	01.11	ADDR		- 1	24227
		No		215-70-3	RIA IN	rs. Kdna	Stith	253	3 W. I	-ayette	21223
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per D BY.	1 "	c					BETWEEN	MATE INTERVAL
-		IMMEDIA	TE CAUSE (a)	Sepsis						1	/>
)		Canditians, if any, which	DUE TO O	R AS A CONSEQUEN	CE OF					0	
4		gave rise to immediate cause (a), stating the		R AS A CONSEQUEN	CE OF						
	4	underlying cause last	(c)								
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT NOT			ISE ASE OR CON	DITION GIVE	N IN PART 110	
-	TIO	19a DATE OF OPERATION	more	ITION FOR WHICH O	DEPO IONI W		de	AUTOPSY?	TON IE VEC	WERE FINDIN	CCLICED
4	CERTIFICATION	IN DATE OF OPERATION	Y'' COND	TION FOR WHICH OF	PERMITION W	AS PERFORMED			IN CERTIFY	ING CAUSES	OF DEATH?
1	ERT	210. ACCIDENT WAS UNDERLYING	216 TIME O	FINJURY	21c	HOW INJURY OC	CURRED (ER		_	RT I OR PART 2)	NO []
4		OR CONTRIBUTING CAUSE OF DEA	1111	M. MONTH DAY	YEAR						
-	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	211	LOCATION	The same	CITY OR TO	) was	COUNTY	STATE
	Z	WHILE NOT WHILE	(AT HOME STE	PEET FACTORY OFFICE FAR	A ETC ]	214661		1			SIAIC
		22a.1 certify that (1) this haspi	1		7-1	19	Y +. 10	2/2	-5		hat (I) we) list
			224	after death		it in (my) (aur) api	inian death a	ccurred on the d	ate and hour	and from the o	causes stated
		27% SIGNATURE	7	1	DEGR	ATTENDIN	NG MED	ICAL STA	FF 11	THE DATE S	
		274 PHYSICIAN NAME INVES	hord,	~ Le	_ W	ADDRESS	AN DIRE	TOR PHYSI	CIAN D	2	25
1		Hyllen 7	DSBJOH	Cun	110	Mer	ay H	os frits	1		
	23a B	IURIAL, CREMATION, REMOVAL	236 DATE	23 NA	ME OF CEMET	ERY OR CREMATO	ORY 23d	LOCATION		COUNTY	STATE
	24 F1	INERAL DIRECTOR	D.M.	EOIIK	103	Mem 4 F	DATE REC'D	DA L	25h REGISTE	AP'S SIGNATI	VG ·
84	To	S. A. MORTONI	Jons 1	10 PODRESS	RENS	ST	MAR O	2 1097	A	A A	JIL .
	LAM	A. It falls to to to to		101				- 1301/	1	A contract	C. C.

Comment. Cause To English  ESSTER CHILD VIllage C122

(VRA 15, 4)



046454 1		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  REG. NO.
be oth		RECEASED NAME FIRST MIDDLE LAST TO DATE OF DEATH MONTH DAY YEAR TO HOUR PRINT) TO 01 06 87 7:10 A
ge 4 moy be ector. page 'r rs ofter deatl	3 5	
deoth. Pourerol dir	ot onc	BIRTHPLACE (STATE OF OREIGN 16. CITIZEN OF WHAT COUNTRY? & MARRIED   NEVER MARRIED   9. BALTIMORE CITY OF COUNTY OF DEATH WIDOWED   DIVORCED   BATTIMORE CITY MARRIED   MARRIED   DIVORCED   BATTIMORE CITY MARRIED   MA
by the filed with	FX I	CITY OR TOWN OF DEATH , 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINESS OF MAILY OF WORK FOR MOST OF WORK FOR
MARYLAND 2120 ed within 24 hours inpletely filled in by	130	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  STATE  136 STREET ADDRESS / ZIP CODE  BALTIMORE  YES NO   904 N. FULTON AVE Apmt B
	S S	charles N Tinsley Lorraine Laprate 15. MODILE LAPRATE 15. MODILE LAPRATE 1.AST
BALTIMORE, cote be execu-	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 212  UNK. COMM IF YES, GIVE WAR OR DATES) 212-60-8932 GEORGE TUNSLEY GOUIN. FULTON AVE.
	event, the	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ICH PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a), COLONDON AND OF STANDON AND OF STA
W. PRESTON ST.,  If the death certain  The office or the condition, or remo	her troumotic	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
201	on o', or o'	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS,  OF PHYSICIAN: The low regular or thending physicion.  After this certificate has been sign as the buriel-tronsit permit. Then thond Memtal Hygiene prior to be	8 shows ony injury	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
JOF VITA SICIAN: The gg physicia certificate I riol-tronsit	- 2	218. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 216. TIME OF INJURY OR CONTRIBUTING NOTH DAY YEAR P.M. MONTH DAY YEAR P.M. 19
OIVISION Offer this os the but hond M	orked or hem	21d. INJURY OCCURRED  WHILE AT WORK OR AT WORK  210. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION  STREET  CITY OR TOWN  COUNTY  STATE
ATTENDIII Sepital or CTOR: A 1 for use	n 21 is mo	220.1 certify that (I) (this hospital) attended the deceased from 1-5 1987, to 1-6 1987, that (I) (we) los sow the deceased alive an 1-6 1987, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death.
by the hor by the by the by the borner e detocher Store Dept	TZ ====================================	226. DATE SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  126. DATE SIGNED  1-6-87  127. DATE SIGNED  1-6-87
TO HOSPITAL retoined by th TO FUNERAL should be deter with the Store	MPORTANI	michele Gaier Univ. Md Hosp 22 5 Greene St
BP		BURIAL CREMATION, REMOVAL 236. DATE / 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE OF CEMETERY OR CREMATORY PARK RANDAUS TOWN
DHMH - 16 60M (VRA 15, 4)	7/B4	FUNERAL DIRECTOR  AMECH F/11 1101 ENDORSHOTH  250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE  TAN 9 1887 Julia Director



completely filled in by The funeral director, page 3 . I and 2 should be filed within 72 hours offer death

TO FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

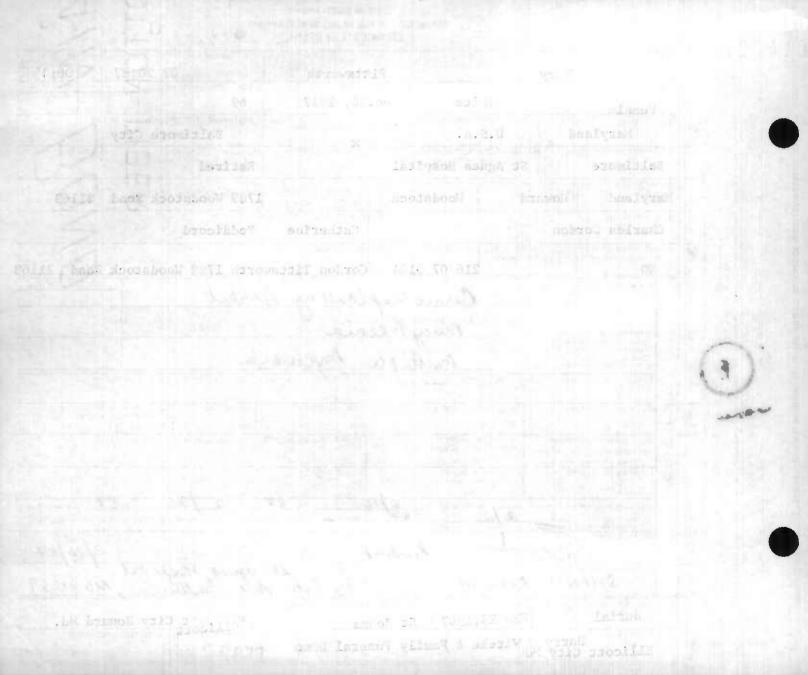
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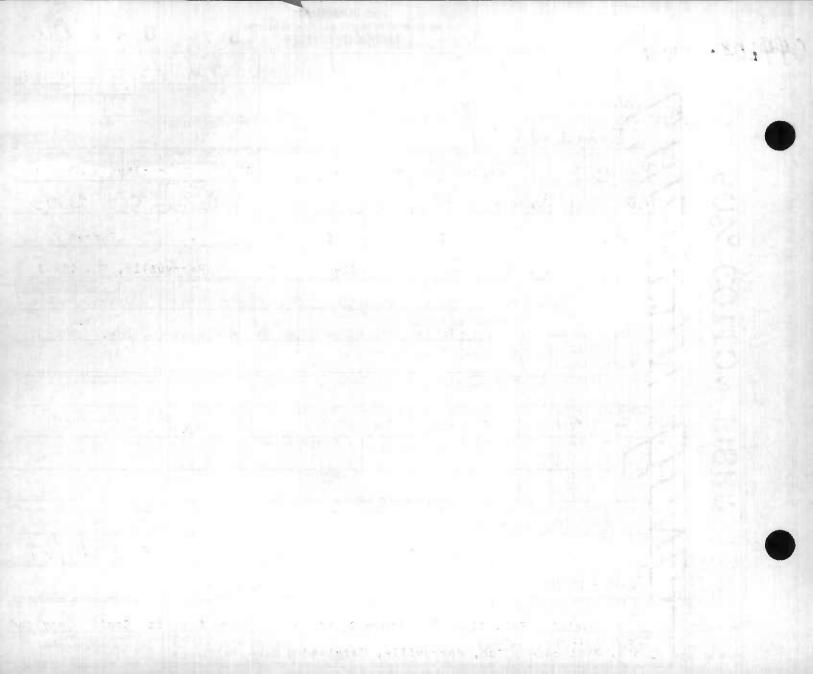
ST	ATE	OF	MARY	LAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	0	-	1	4	U
- (	6.0				

10 CITY OR TOWN OF DEATH   11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTE   12 SEPTEMBERS   13 STATE   13 CITY OR TOWN OF DEATH   13 CITY OR TOWN   14 FATHER'S NAME   15 MODIE   15 MOTHER'S MADDLE   15 MOTHER'S MADDLE   15 MOTHER'S MADDLE   15 MOTHER'S MADDLE   16 MIDDLE   17 MIDDLE   18 MIDDLE   18 MOTHER'S MADDLE   15 MOTHER'S MADDLE   16 MIDDLE   17 MIDDLE   18 MIDLE   18 MIDLE   18 MIDLE		IENE 8 / REG. N	0 4 /	10				
			MIDDLE	t	AST	20 DATE OF DEATH	MONTH DAY YEA	R 26. HOUR
	TITPE		G.	Ti-	ttsworth		02 20 87	06:15
	3 SE					6. AGE (IN YEARS LAST BIR		
	Maria San	Female	White	Dec.	24, 1917 YEAR	69	YRS.	AYS HOURS MI
to	7a. BI	RTHPLACE (STATE OR EDREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	5	9 BALTIMORE CITY C	OR COUNTY OF DEATH	1
36		Maryland	U.S.A.			Baltin	more City	
10	10 C	ITY OR TOWN OF DEATH		SING HOME O		120 USUAL OCCUPATION OF THE RELIFER	ION 125 KIN	D OF BUSINESS
35	Usu. Ma	AL RESIDENCE (IF NURSING IN DEL			134 INSIDE CITY LIMITS?	13789 WOODS		21163
20					15. MOTHER'S MAIDEN NA	ME		
36	C	harles Gordon	MIDDLE		Catherine	Peddicord		LAST
2				CURITY NO.	17. INFORMANT	ADDRE	SS	
Jan .	- (			510/	Condon Without	omah 1700 t	In a data also D	w 011
	CATION	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO				DITION GIVEN IN PAR	
9	CERTIFIC					YES NO	IN CERTIFYING CAU	SES OF DEATH?
		? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I ORPART	2)
1	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM ETC }	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
		sow the deceased alive an	atol) ottended the deceosed from	D and I	d that in <del>(my</del> ) (our) opinion o	to 2 / 2 death occurred on the do	19 7	, that (Hr(we)) the couses stated
		22b. SIGNATURE		Pesiden	THISICIAN L	MEDICAL STAI DIRECTOR PHYSIC	FF 0	120 /8 7
1		SHANTI	RAMESH		900 Caton	We Balt	uione M	0 21239
	(	BURIAL, CREMATION, REMOVAL SPECBULIAL	FEb 23,1987	St. Joh	ns	23d LOCATION CITY OF TOWN Ellicett	City Howar	d Md.
/84	24 FL	Ellicott City	H Witzke & Fami	ily Fun	eral HOme	FFR 2 0 100	256 REGISTRAR'S SIGN	ATURE Pand

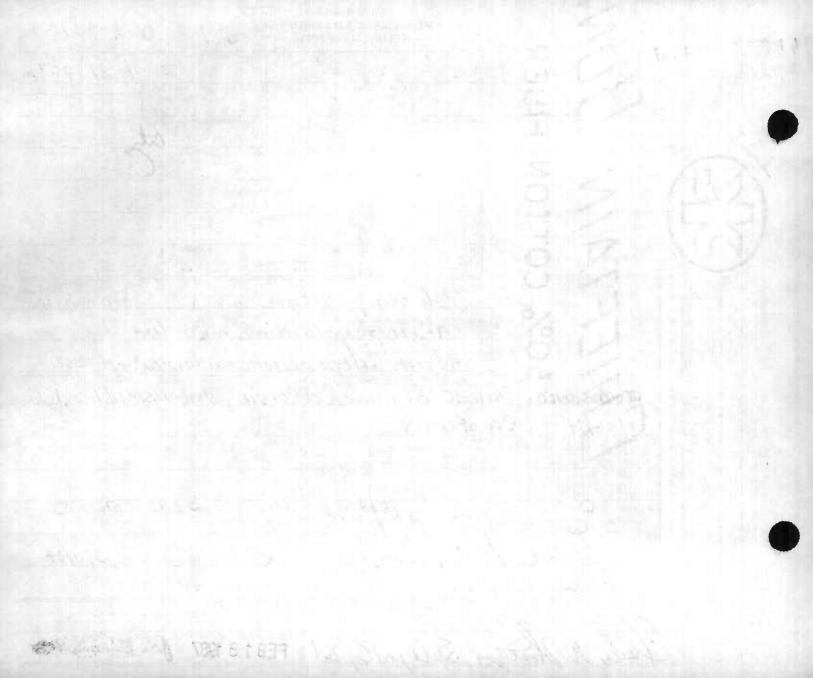




				STATE OF MARYLAND			
	1.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL	HYGIENE O	041	1 8
000 500		REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.	
16 Z 6 FEB 1	1. DE	CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	28. 1100K
poge 3	/	Kenneth	Ray	Touchtone .		2-7-87	1 540 AM
m de les	3 SE	× 7	4. RACE	5. DATE OF BIRTH	6. AGE   IN YEARS LAST BI	THDAY) IF UNDER 1 YE	
ge 4		Male'	Caucasian	Feb. 3,1931	5	6 YRS.	TO MIN.
Pour Pour		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY?	9. BALTIMORE CITY	R COUNTY OF DEATH	144
nero in 72		Oklahoma	USA	WIDOWED DIVORCED		ore Count	V. MD.
1 11 1/2	10 CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)		120 USUAL OCCUPATION  111 FOR WORK FOR MOST OF WORKING LIFE) INDUSTRY		
1	21	Baltimore		edical Clinic		Guard Di	
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A ATTENDING Applied or of RECTOR: After the order of the order of the officer of		220 I certify that (I) (this haspit	tol) attended the deceased fro	om11 ~ 1319_\$	6 to 2 - 7	- 19.87	, that (l) (we) last
		sow the deceased alive an.	2-7-	9 87 . and that in (my) (aur) apie	nion death occurred on the c	ate and have and from	
		obove, (1) (we) (did) (did not 22b. SIGNATURE	t) view the bady after death.	DEGREE		122c DA	ATE SIGNED
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0 m 2 m 2 m		BURIAL, CREMATION, REMOVAL	23h DATE	23c. NAME OF CEMETERY OR CREMATO	RY 23d LOCATION		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LASI 20 DATE OF DEATH MONTH 25 HOUR GRACE TOWNSEND M. 4 RACE 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) DAYS December 21 1915 White Male BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland BALTIMORE WIDOWED M DIVORCED [ CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Home Health Provider BALTIMORE CITY UNION MEMORIAL HOSPITAL 13a. STATE Frankford 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Delaware Sussex 19945 Road 380 FATHER'S NAME IS MOTHER'S MAIDEN NAME Cahall Medford Delma Thompson 166 SOCIAL SECURITY NO. 17 INFORMANT Robert L. Thompson Sr., Frankford, DE No 220-07-3508 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for 10, (b) and ic PART I. DEATH WAS CAUSED BY: 10 min! IMMEDIATE CAUSE (a) negocardial infarction Canditians, if any, which gave rise to immediate cause (a), stating Lerrosclerofic cardiovascular disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CERTIFICATION IN CERTIFYING CAUSES OF DEATH? YES [ NO F 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR OR CONTRIBUTING CAUSE OF BEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM ETC.) CITY OR TOWN COUNTY AT WORK AT WORK 22a I certify that (1) (this haspital) attended the deceased fram nd that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 226. SIGNATURE DEGREE 22 DATE SIGNED PHYSICIAN A DIRECTOR PHYSICIAN 22e ADDRESS ALICIA COOL-FOLEY, M.D. UNION MEMORIAL HOSPITAL 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Sussex Delawar'e Frankford 2-15-87 Carev Cemeterv Purial DHMH - 16 60M 7/84 (VRA 15. 4)



CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR COURT COLUMN TO CHARLES E.dward TRACEY 23 87 10:17 56987 4 RACE IF UNDER I YEAR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Male White Sept. 5 1905 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ASSAULTMONING MARRIED NEVER MARRIED Maryland USA WIDOWED X NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY BELAIR CONVALESARIUM BALTIMORE Carpenter Carpentry 13e STREET ADDRESS / ZIP CODE 2722 Papermill Road, 21131 13d INSIDE CITY LIMITS? Baltimore Phoenix Maryland NOX FIRST Wilhelm Elizabeth Orrick Tracey Mary ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT W. WAS DECEASED EVER IN U.S. ARMED FORCES? Clarence E. Tracey, 10515 Somona Ave., 21030 219-01-5997 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH II CAUSE OF DEATH Enter only one cause per line to PART I: DEATH WAS CAUSED BY IMARECHATE CAUS erest 27 TO Conditions, if any, which gove rise to immediate course (in), stating the underlying couse last PAILS OTHER AND ENDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 96 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a: ACCIDENT WAS UNDERLYING [1] HOUR AM MONTH DAY YEAR OR CONTRIBUTING T. CAUSE OF DEATH THE INJURY OCCURRED ZIE PLACE OF INJURY 211 LOCATION CITY OR TOWN OWE STREET FACTORS OFFICE FARM THE S 6/11/86 ided the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the codes stated DEGREE ATTENDING MEDICAL uld be deta the State I PHYSICIAN DIRECTOR PHYSICIAN 54 Scott Adam Rd., 21030 Luis E. Rivera 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Long Green Balto. Md. Burial 2/27/87 Trinity Epis. Ch. Cem. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

Martin D. Lawson, 10 W. Padonia Rd., 21093

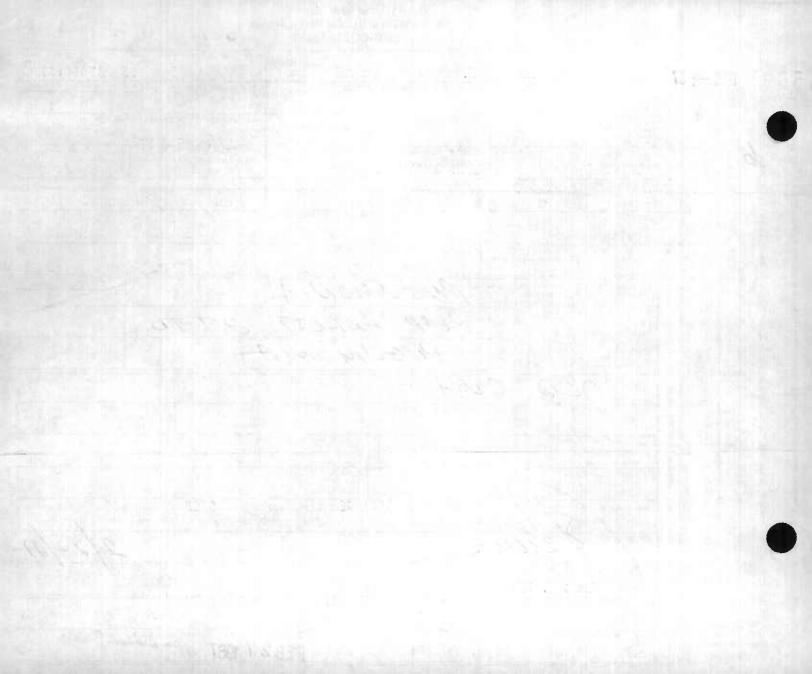
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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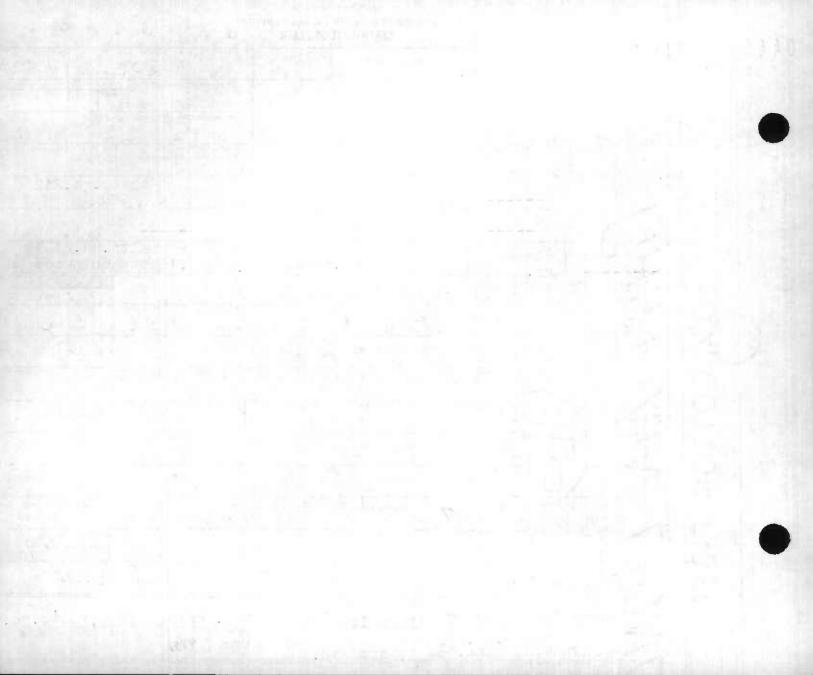
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 76. HOUR MONTH ESTI-E. JACK TURNER DEATH MATED 20 1987 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY 2:05 PRONOUNCED DEAD 20 1087 In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED = e or ai = DIVORCED Baltimore City WIDOWED II. CITY OR TOWN OF DE TH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS University Hospital Baltimore 13b. COUNTY 13d INSIDE CON LIMITS? 13e STREET ADDRE NO [ 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE 17. INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS LYES NO OR UNKNOWN I HE YES GIVE WAR OR DATES CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of left flank (handgun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING A OR HOUR TO MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 12:15M. 2-20- 1987 Subject shot by police. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK AT WORK 915 N. Charles St., Balto. street MD Autopsy X 220. I certify that I took charge of the remains described above, held an Inspection and in my opinion Homicide X death resulted from: Natural couses Ascident Suicide Undetermined manner TITLE (SPECIFY) PACE 4 SHOUT TO FUNERAL D AFIER DEATH. ACTUAL SIGNED 2-21-87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St., Balto., MD 21201 ADDRESS. 07/84 BP 256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



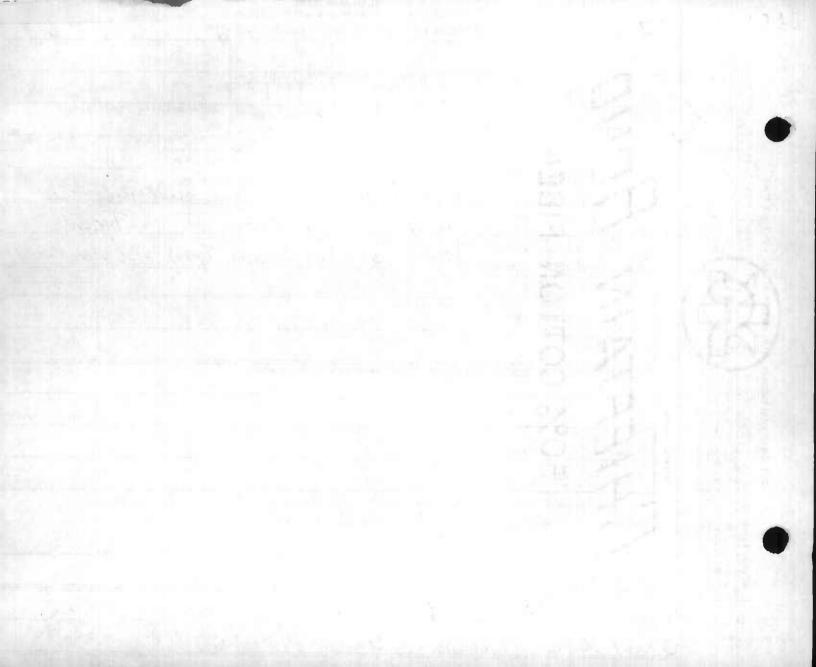
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	IA :	= 3	10	10 CII	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTREAR PLANT
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	OR A Phos	hed ept.			226 SIGNATURE	or view the body offer deom.	DEGREE		22c DATE SIGNED
	14 -	te D			Buen Va	Marxia	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/2/92
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THE LAND SHIPLINGS TO 5 1 5 1 Care District Control (1982) Little Control Co

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	IF ANY DELAY IS NECESSARY, PLEASE, AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 POR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS. I RECORDS ON W. PRESTON STREET,	USUA	L RESIDENCE (IF IN NURSING HOA	ME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISS	ION)			21	741	
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DIVISION OF VITAL RECORDS,	U X - W	CERTIFICATION	19a. DATE OF OPERATION	19b. CONI	DITION FOR WHICH OPE	RATION WAS PERI	FORMED?			20 AUTOPSY?	
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	RY REC		- A			TITI	LE (SPECIFY)				
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	₩ 5 W 5 W 6	1	(TYPE OR PRINT)	nn M. Dixo	n, M.D.	ADDRE	ss 111 Perm	n St., Ba	Ito., M	21201	_
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	20.0	URIAL, CREMATION, REMOVA	LI 22h DATE	23c. NAME OF CE			OCATION			
		730.B	SPECIFY)	2-1-82	ISC. NAME OF CE		City	CONTOWN. A	COUNT	Y In STA	TE
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25M		24 F	UNERAL DIRECTOR				250. DATE REC'D. B	Y REGISTRAR 25b.		SNATURE	
	DHMH - 17	T	NAME A MARIE	/ I ADDR		5+	A C CAM	1007 1	9 2000	C. A. S. A. A. A.	
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J. Harden 74 Pendragon Court APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (mes) opinion death occurred on the date and hour and from the causes stated 220 DATE SIGNED DIRECTOR PHYSICIAN (SPECIFY) BP. Sacred Heart 1987 of Jesus Baltimore Burial 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) Zeiler. Inc. 1901 Eastern

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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YEAR

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IF UNDER YEAR

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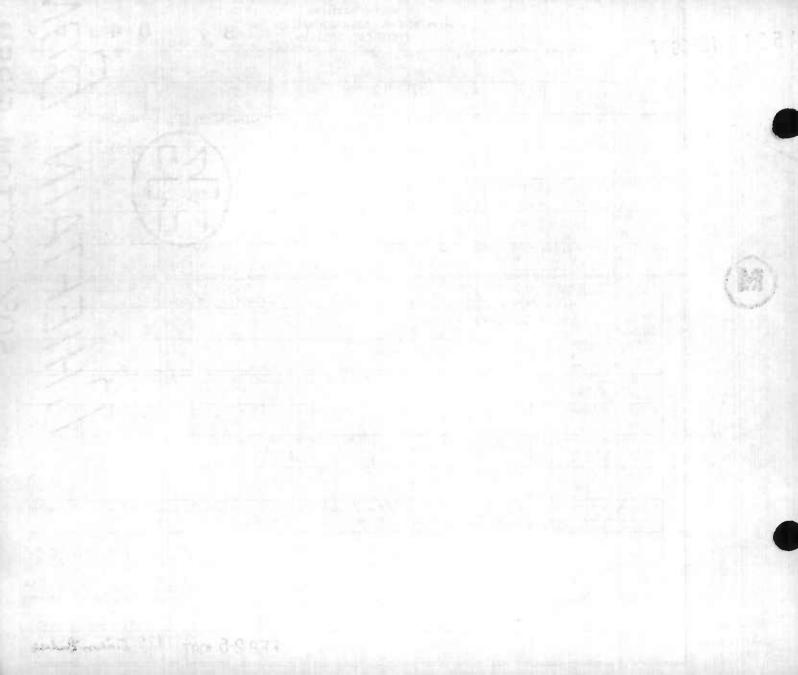
26 HOUR

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IF UNDER 21 MRS



STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) (SPECIFY)

24 FUNERAL DIRECTOR

2/21/87 Buria

Charles A. Rice FSPA 1300 Eutaw PL.

Rousevelt Memoral Park Norfolk, Virginia
250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

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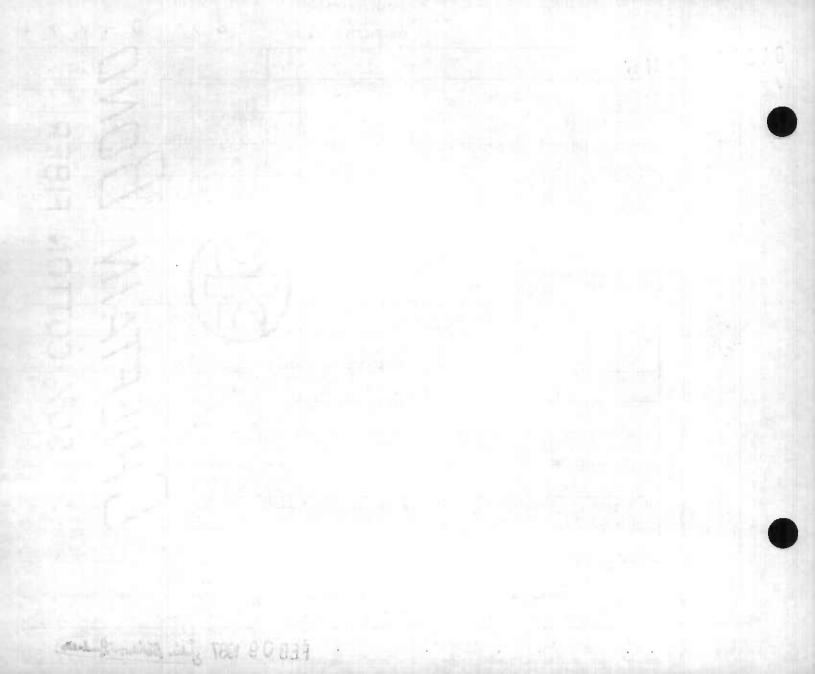
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	AT	ed for	em 2		above, () (we) (did) (did r	ot) view the body,after	death.		DEGREE			ATE SIGNED
	OR he h		±		Maria	CVI	) 1	,	ATTENDING	MEDICAL STAFF		12/00
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		- 16 60M	7/84		NAME SChimun	ek Funera	T ADHOM	e, I	nc. Md. 21213	B 3 1987	A . 1 por 4:	on Randar
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ge 4	3 SE		4. RACE Black	le me	5 DATE OF		2'3°	6 AGE FINYEARS	LAST BIRTHDAY)	MONTH	DER 1 YEAR	IF UNDER 24 HRS	
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the Detail		JUGA PHYSICIAN'S NAME (TYPE	OR PRINT)		M	A	TTENDING PHYSICIAN S	MEDICAL DIRECTOR	STAFF		75	-87	
retoined by to FUNERAL should be dewith the State	770 0	JOSEPH RAD	JAZZO, M.			UN	ION MEM	ORIAL HO					
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DHMH - 16 60M 7/84 (VRA 15, 4)

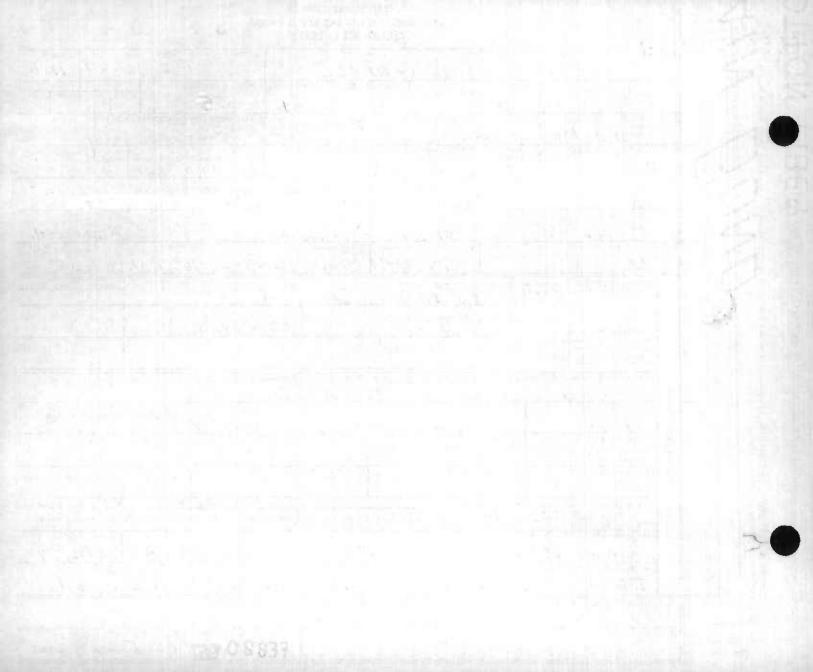
24 FUNERAL DIRECTOR Wm. "C". March F/H, Inc. 1101 DE'S North Ave.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE







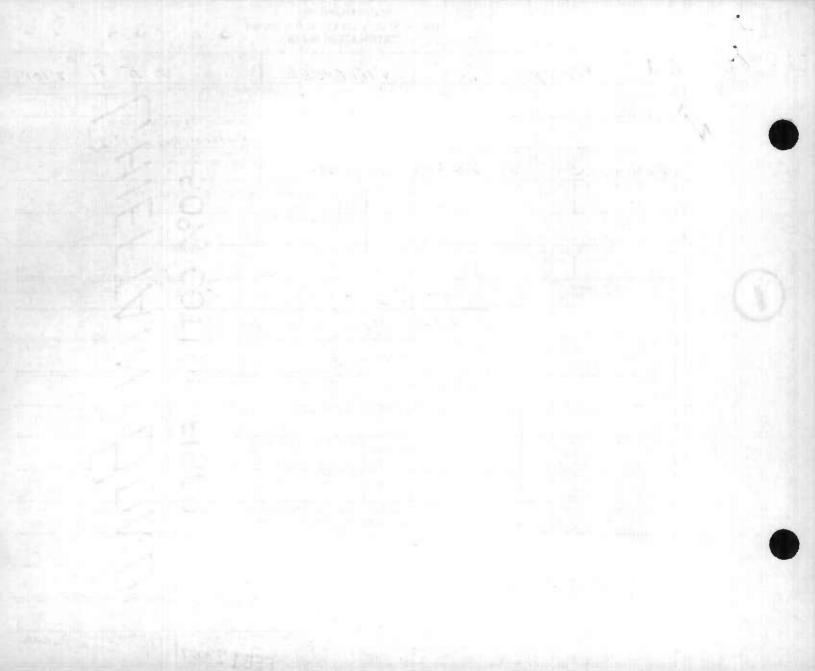


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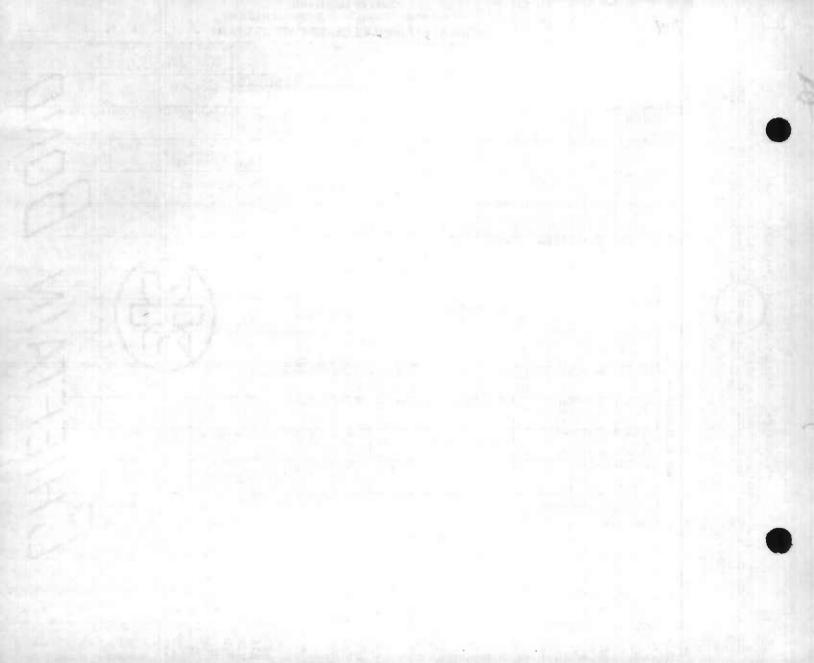
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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE KNOWN X MONTH 76 HOUR (TYPE OR PRINT) OF ESTI-IS NECESSARY, PLEASE EFUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS DEATH MATED 1419 87 Ricardo Villarreal 4. RACE SEX 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE 7d HOUR MONTH LAST BIRTHDAY PRONOUNCED 4:34A DEAD 10 1954 32 YRS Male White 14987 Ta. BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY S. WIDOWED DIVORCED Baltimore City Texas M CITY OR TOWN OF DEATH 120. USUAL OCCUPATION TTYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Construction Superintendent Baltimore University Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 131. CITY OR TOWN 21043 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Ellicott City YES [ 3206 Wheaton Way Maryland Howard NO X 24 HOURS AFTER DEATH. IF
ITEM IN GIVE PAGES 1, 2,
ITEM ON WITH FORM PAN
IFEM IT. PAGES 1 AND THE
GENET, QIVISION OF VITA ATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Villarreal Mercedes Cantu Jose 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Texas 462-06-7380 Jose R. Villarreal 4601Abner Corpus Christ Armv 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES & NO [ 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING TOR HOUR A.M. MONTH DAY 245xx 14 10 87 Driver in auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK Frederick Rd. street Ellicott City, Howard, MD. X 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinion death resulted from: Natural causes Hamicide Undetermined manner TO MEDICALE
EXECUTE
PAGE 4 STORY
TO FUNE
AFTER DE
BALTIMO Assistant MEDICAL EXAMINER DATE 2/14/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT) ADDRESS 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 2-18-87 Rose Hill Cemetery Burial 07/84 BP Corpus Christi, Nueces, Texas 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Julia Lactour Lua (VR A15 ME (5)) Marzullo Funeral Service Upperco. Md.

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	52454	23a.B	URIAL, CREMA	TION, REMO				NAME OF CE				23d. LO	CATION		(	OUNTY		STATE
07/84	BP505		Bur	ial	2	/24/87		Baltimo	re Ce	meter	У	В	alti	more			M	D .
25M	DHMH - 17		UNERAL DIREC			ADDRESS				2	250. DATE R	EC'D. BY	REGISTR	AR 256. R	EGISTRAR	'S SIGNA	TURE	
	(VR A15 ME (5))	Wm	. C. M.	arch	Inc.	1101 F	. No	rth Ave	enue		FE	824	£ 198	1 3		warder,	n- Lone	lace



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	0	4	1	4	4000
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7 [	1 -	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL H	YGIENE 8 REG. N	NO.	4 /	4	8	
		OR BRIDETI		H. Vo	elcke	r Sr.	20. DATE OF DEATH  Februar	y 24,19		2b HOUR	м	
7	3 SEX	Male		ite	June	DAY YEAR	6 AGE (INYEARS LAST B	YRS	ONTHS DAYS	HOURS M	ARS	
5		Penna.	US		MARRIE		City	9 BALTIMORE CITY OR COUNTY OF DE.				
4		Bal timore	Unio	n Memoria	ADDRESSI Hos	prother institution	(TYPE OF WORK FOR MOST Ret. Boei	OF WORKING LIFE)	INDUSTRY	F BUSINESS	OR	
5	13a S	Md.	HOME OR OTHER INSTITUTION	Baltimore   134 INSIDE CITY LIM			4004 Ly		Avenue	21213		
0		ATHER'S NAME FIRST Frederic		Voelck		15 MOTHER'S MAIDEN N	aret	-	ĮAS	7		
1		WAS DECEASED EVER IN 1 YES, NO OR UNKNOWN) YES	U.S. ARMED FORCES?  IF YES GIVE WAR OR DATES)  WW 2		SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  14-16-3752 Mr. Richard Latini 46 Theo Lane 21204							
		Canditions, if any, will gave rise to immed cause (a), stating underlying cause	CAUSED BY:  MEDIATE CAUSE IO)  DUE TO, C  hich (b) the lost (c)  (c)	PR AS A CONSEQUE	My MGE OF	NOT RELATED TO THE TE	Cardes  RMINAL DISEASE OR COP	ellone NDITION GIVE	43/.	MATE INTERVAL DISSET AND DEA	IH.	
9	CERTIFICATION	19a DATE OF OPERATION	N 196 COND	ITION FOR WHICH	TION FOR WHICH OPERATION WAS PERFORMED				WERE FINDING CAUSES			
7	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  (AT HOME STREET, FACTORY OFFICE FARM, ETC.)  21l. DCATION  STREET  CHORTOWN  COUNTY									lost	
		226 PHYSICIAN'S NAME Michael	E (TYPE OR PRINT)	Elo	th)	22e ADDRESS	MEDICAL STA	ICIAN 🗌	221 DATE	26/8	7	
		BURIAL, CREMATION, REA  SPECIFY    Burial     UNERAL DIRECTOR   NAME		7,1987 Mc		emetery or cremator and Memorial		re	COUNTY	STATE		

DHMH - 16 60M 7/B4 (VRA 15, 4)

Leonard J. Ruck Inc. Baltimore, Maryland

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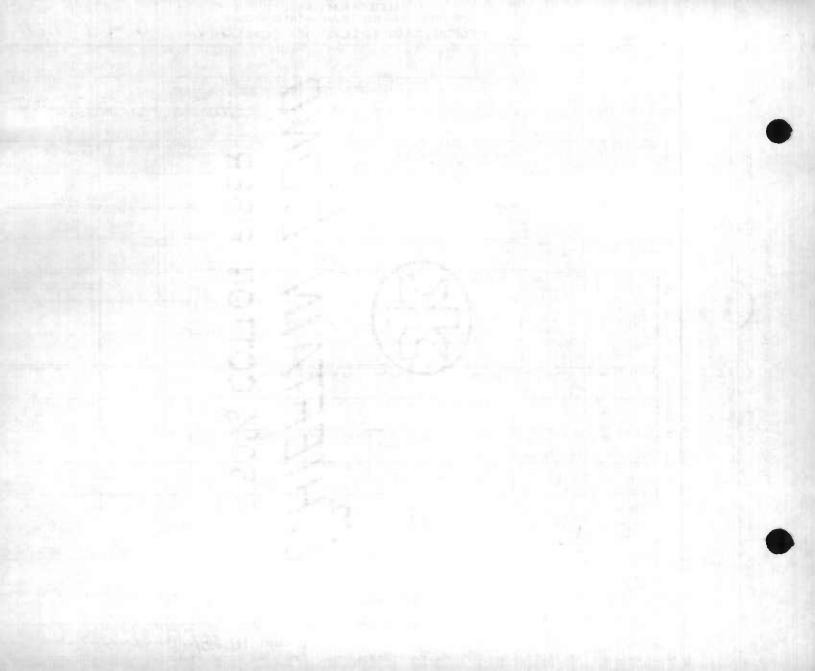
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O TREGISTRAR REG. NO T. DECEASED NAME 20. DATE KNOWN 7h HOUR TYPE OF PRINTS OF ESTI-E 5 FOR YOUR FILES.

10, WITHIN 72 HOURS

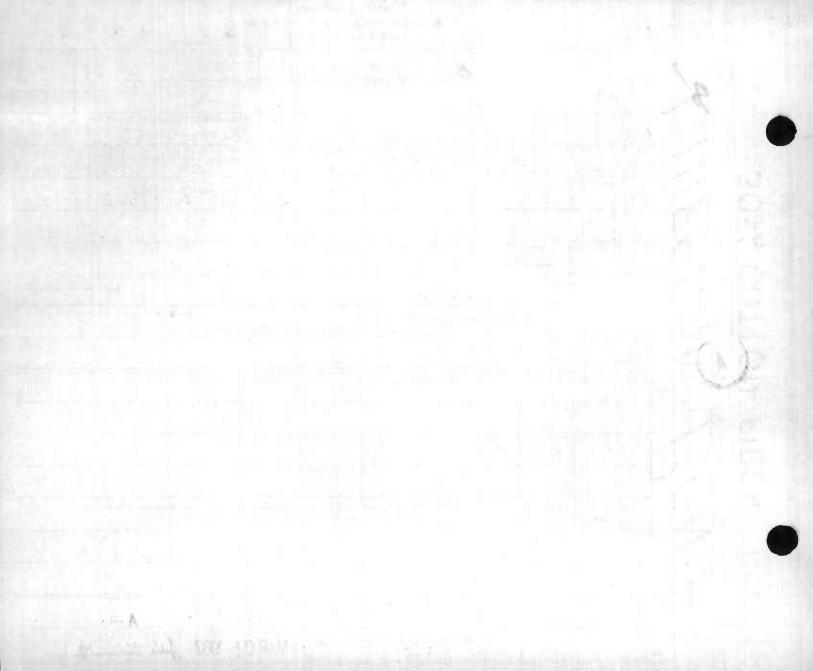
W. PRESTON STREET, DEATH MATED Melvin 2-19-87 Voqe 1 4 RACE S. DATE OF BIRTH IF UNDER 1 YR. 3 SEX 6. AGE (IN YEARS IF LINDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY PRONOLINCED DEAD Male White 11 6 19 67 2-25-879 11:30PM 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED T DIVORCED Baltimore City U,S. 18 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY HE NOT IN SUCH FACILITY. GIVE STREET ADDRESS! Baltimore 3215 N. Charles Street (Soc. Security) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES 1 Md. NO T Balto 3215 N. Charles St 21218 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST FIRST MIDDLE 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Yes WWII 220-09-8240 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOK 21a EXTERNAL CAUSE WAS 216 TIME OF INILIRY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC ) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection X 22s. I certify that I taak charge at the remains described above, held an Inquiry and in my opinion Natural causes X TO FUNERAL DIRECT AFTER DEATH, WITH death resulted fram Accident Hamicide Undetermined manner Suicide TITLE (SPECIFY) ACTUAL DATE SIGNED 2-26-87 Assistant SIGNATURE Margarita A. Korell, M.D. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 3--5-87 07 84 BP Removal 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS Gulia Dandson-Rondoll (VR A15 ME (5)) State Anatomy Board Balto., Md



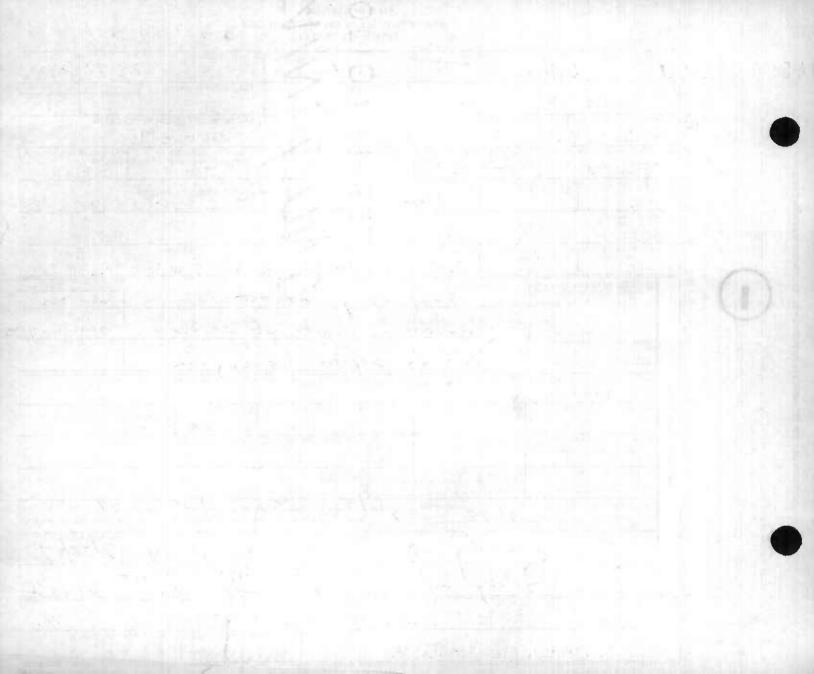
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	1.	FOR STATE	DEP		HEALTH AND MENTAL HYG	SIENE 8 /	0 4 0 0 0
		REGISTRAR		CEKII	FICATE OF DEATH	REG. N	
0 0 750 10		CEASED NAME FIRST	WIDDLE		LAST	26. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
(3) 9 3 D 10 1	1	Paul	ine	Wagne	n	February	2.1987
ou od	3. SE		4 RACE	5. DATE	OF BIRTH H DAY YEAR	6 AGE IN YEARS LAST BIR	
4 60 4		Female	Black		7-05-1909	77	YRS PATS HOOKS M
2 02 0	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	ED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH
1 17 14		outh Carolin	I USA	WIDOW		Raltima	ne Citu
1 11 1	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		OR OTHER INSTITUTION	12a USUAL OCCUPATI	
1 11 DC		Baltimore	2700A Gate		Drive	Retired	
1 1 40	USU.	AL RESIDENCE (IF NURSING HOME TATE 1136 COL	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION			ZIP CODE 2/207
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4 444 4			ATE CAUSE 10) CAR	DIAC A	nnesi		
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1 P P P	NO.		DCYTIL Lyus			VINAL DISEASE OR CON	DITION GIVEN IN PART 116
119 277	A A	Ma DATE OF OPERATION	196. CONDITION FOR W			20a AUTOPSY?	206 IF YES, WERE FINDINGS USED
1000	25	DATE OF GLERATION	The CONDITION ON T	THE TOTE ENAME	J. V. MASTERI OKINED		IN CERTIFYING CAUSES OF DEATH?
0 110 0	CERT	AL ACCIDING MADE IN THE PROPERTY OF THE PROPER	CT THE OF BUILDIN		Var distribution section	YES NO	YES NO
1 1 1 1 m ()	0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
A 2211	3	(IF EITHER NOTIFY MEDICAL EXAMIN		19			
9 12 5	MEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY O	SEICE EARL ETC.)	211. LOCATION	CITY OR TO	WN COUNTY STATE
4 14 1 4	5	NOT WHILE AT WORK	TALLOW STREET, TACTOR O	TR.E. FARM ETC.		- 1	27
なるのの		22s.   certify that (1) (this has	pital) attended the deceased f	rom_//.	19 77	10 2/2	19 that(I) (we)
AT SALE			nat) view the body after death.		and that in (my) (our) opinion	death occurred on the de	ote and hour and from the causes stated
A D D D D D D D D D D D D D D D D D D D	-	226 SIGNATURE	nash view the body after death.		DEGREE		22¢ DATE SIGNED
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T 18 8 1 1		17	7			MEDICAL STAI	IAN 1 2/6/87
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2413		SURIAL, CREMATION, REMOVA	AL 23b. DATE	231 NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
AP.		SPECIFY)	2-7-87		alvary Cem.	Raltimal	re, Maryland STATE
	74 FI	JNERAL DIRECTOR	12-1-81	Mr. C		E PEC'D BY PECISTRAD	256 REGISTRAR'S SIGNATURE
HMH - 16 60M 7/84		NAME	ADDI	RESS			A CONTRACTOR OF THE PARTY OF TH
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m .s		CEASED NAME FIRST	MIDDLE EAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
page 3		OR PRINTS		2 26 87 11 AM
s ofter	3. SE:	M	1. RACE  S. DATE OF BIRTH  MONTH  DAY  YEAR  2 9 / 2	6. AGE (IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
72 hou	7a BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DI DIVORCED	BALTIMORE CITY OF COUNTY OF DEATH  BALTIMORE CITY  MD.
y the fur	10 C	OT GTY	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  FOR NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Sowell Railtimore Gen Hospi	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Clerk  128 KIND OF BUSINESS OR INDUSTRY Pharmeceuti
d be fill	05U 13a	AL RESIDENCE (IF NURSING HOME OF STATE 134 COURT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  134. CITY OR TOWN  134. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 1608 OAKLANDRD. 21227
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ental Hygie Hem 18 sha		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)
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RECTOR hed far us tept of He tem 21 is		276. SIGNATURE	DEGREE  ATTENDING PHYSICIAN [  PRINTIPLE  ATTENDING PHYSICIAN [  272. ADDRESS  SBG1+  236. NAME OF CEMETERY OR CREMATORY  Cedar Hill Cemete	MEDICAL STAFF DIRECTOR PHYSICIAN 2/26/87  250/5. HAND VER ST



4 1/25	5	FOR		DEPA		E OF MARYLAND EALTH AND MENTAL HY	GIENE &	0	4 8	0 2
/r 7 7 75 1	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.		
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d the		TY OR TOWN OF DEATH	(IF NOT IN SU	H FACILITY, GIVE S	TREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		INDUSTRY	BUSINESSOR
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4 ho		TATE 13b COU		13c. CITY OR 1	NWO	134. INSIDE CITY LIMITS?	13e STREET ADDRESS			07000
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phys range vent,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a)	R=	GDITAR	ory ari	est		Min	
Z e e e e		IMMEDIA		R AS A CONSE	4	1	18/4. 1015			
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that that d by lease ral, cr		underlying couse last	(c)_	0 1	61 = h	eparre 4.	emanglor	en		
ING PHYSICIAN: The low requires that the determines rescuted within 24 hours rather dring physician.  Wher this certificate has been signed by the attention and completely filled in by as the burial-transit permit. Then please the properties of any 2 should be filled in by as the burial-transit permit. Then please the properties of any 2 should be filled in by as the burial-transit permit. Then please the please that the medical examine make be filled or the please or the please of the p	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVE	N IN PART Ita	
nit. Ti	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	T20b. IF YES.	WERE FINDING	S USED
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SKIAN ng phy certific violatric ental H tem 11		OR CONTRIBUTING CAUSE OF DE.		M. MONTH	DAY YEAR					
PHYSICIAN ending physicians this certificate burial-transfer and Mental Hydron or them 18	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION	CITY OR	OWN	COUNTY	STATE
IVIS 1G P offer the s the rked	×	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OF	FICE, FARM, ETC.)	ZIMEET	CITTOR	OWIN	COUNT	STATE
ZDIN Lor Use o Se mo		22a.1 certify that (I) (this hasp	ital) attended th	e deceased fro	om	19_ <	8/2.10 2/3	. 1	9 87 , the	at (I) (we) last
Spirto CTO For of H		saw the deceased alive an above, (1) (we) (did) (did no	ot) view the bady	alter death.	19 0 7 . 01	nd that in (my) (aur) apinio	n death accurred on the	date and haur	and from the co	uses stated
OR A DIRE Sched Dept		226 SIGNATURE	1 1.0	le.		DEGREE	ALEDICAL ST	AFF	22c. DATESI	GNED
E 0		Even !	1 Asc.	reg 1	n1)	ATTENDING PHYSICIAN	MEDICAL ST. DIRECTOR PHYS	ICIAN D	1/88	18/
HOSPITAL brined by 11 FUNERAL ould be det th the Stote		224. PHYSICIAN'S NAME (TYPE	011	1		22e ADDRESS 301	ST Poul	Plaz	2	
TO HOSPITAL TO FINERAL Should be deal with the State IMPORTANT:		Evan	Delake			B. 1	Monere,	Md.	07	205
	23a B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	CITY OF TOWN		COUNTY	NATATE
BP	24 E	Burial  INERAL DIRECTOR	4 Mar	ch 8/	Loudon	Park Cemeter	y Baltim		A DIS SIGNAL	Md'.
DHMH - 16 60M 7/B4		lames S. Kirkle		ADDRE	55		AD O 7 4007	REGISTR		RE .



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR *		CERTIF	ICATE OF DEATH	REG. NO	).		11
		EASED NAME FIRST	MI	DDLE L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		SERTRUDE	Agnes	CLACU	HAUSER.		2 2	87	2030
	3 SEX		4. RACE	5. DATE C		& AGE (IN YEARS LAST BIRTH		INDER I YEAR	IF UNDER 24 HRS
		emale	White	MONTH	ST ST	80	YRS	ITHS DAYS	HOURS MIN.
/	7a. BIF	OUNTRY)	16 CITIZEN OF W	HAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OF	-	DEATH	
-		Maryland	USA.	WIDOWE			City		MD.
		TY OR TOWN OF DEATH  altimore		OSPITAL, NURSING HOME OF FACILITY, GIVE STREET ADDRESS)  MARITAN HOSPI		126 USUAL OCCUPATION OF CASHIER	WORKING LIFE)	126. KIND O INDUSTRY. <b>Retai</b>	F BUSINESS OR
1	13a S	AL RESIDENCE (IF NURSING HOME DI TATE 13h COUL Aryland Cit	ROTHER INSTITUTION G	Baltimore  Baltimore	13d INSIDE CITY LIMITS? YES O	STREET ADDRESS /	zip code on Ave.	, 21	212
	14 FA	THER'S NAME Elmer	MPDLE	Preble	Mary	WIDDLE		Hal	ligan
	16e. W	AS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SECURITY NO.		4813 Crowsen		MINT.	
		NO (IF YES, GIV		215-01-2148	John Hein	Baltimore, 1	1d. 21	1212	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per l	ne for (a), (b), and (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH
	- 1	IMMEDIA	TE CAUSE (o) C	melmo la	peroxia			300	Das
			DUE TO OR	AS A CONSEQUENCE OF					7
		Conditions, if ony, which		andiae of	Lesvitons &			300	2015
		gove rise to immediate couse (a), stating the		AS A CONSEQUENCE OF	77				1
		underlying couse lost	10,00	AS A CONSEGUENCE OF				44	18
		PART 2 OTHER SIGNIFICANT	CONDITIONS COI	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART TIE	
	O N								
J	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, W		
	I I					YES NO	YES [		NO [
3	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)	
1	S AL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)	AIR						
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		sow the deceased alive on above, (1) (we) (did) (did no	Assistant Aberbarati	19, or	nd that in (my) (our) opinian o	death accurred on the dat	te and hour ar		
		276 SIGNALURE	or view the body o		DEGREE			22c. DATE	SIGNED
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Ī	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
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	24 EU	INFRAL DIRECTOR	1	-	IN- DAT	E BECO BY DECISED AD	CL DECICEDA	NC C10-147	1105

DHMH - 16 60M 7/B4

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	1	STATE OF MARYLAND
	1 -	FOR STATE CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO. 0 4 8 0 4
) 4 1/2 250 FEB	17	EASED NAME Charles E. Waldron 20 DATE OF DEATH MONTH DAY YEAR 28 HOUR OZ 14 87 0235M
rector. p	3 ŠE.	Male S. DATE OF BIRTH  MONTH DAY YEAR  OS 02 20  6 AGE (IN YEARS LAST BIRTHDAY)  IN JUNDER! YEAR IF UNDER! YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
deoth. P.		THPLACE (STATE OR FORE ALL ) TO CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED WORKED BALTIMORE CITY OF COUNTY OF DEATH  JUNIBRY OF WORK  YOR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  1126. USUAL OCCUPATION  1176. KIND OF BUSINESS OR
20 Softer Softer		Y OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  WE MESS University Hospital  RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
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MARY omplets	0	Michael R. Waldron Brigid Gannon
	16a \	AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  S. NO OF UNKNOWN] (IF YES, GIVE WAR OR DATES)  WW 11 /24 01 988 Madeleine B. Waldron, 2 Athenry Ct. 2109
ificate be executificate be executificate be execution and copages. Poges naval.		WW
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN The law requires that the death cert rotending physician.  Wher this certificate has been signed by the offending post the burol-transit permit. Then please remove corban th and Mental Hygiene prior to burial, cremation, or renorked an term 18 shows any injury, an other traumatic evolution.		Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF UNDURY  DUE TO, OR AS A CONSEQUENCE OF UNDURY  DUE TO, OR AS A CONSEQUENCE OF UNDURY  CLUMSHOT WOULD TO HUMD - SUICIBE  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
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TO HOSPITAL TO FUNERAL should be deter- with the Store		272 PHYSICIAN SNAME (1YPE OR PRINT)  272 ADDRESS  University Hospital
₽₽ ₽₽\$ <b>\$</b>	23a. I	PRIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Garrison Forest Cem. 2/16/87 Garrison Forest Cem. Garrison Forest Cem.
DHMH - 16 60M 7/84 (VRA 15_4)	24 F	Pryan W. Clary, 10 W. Padonia Rd. 21093 CER 1 7 1987

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DHMH - 16 60M 7/84 (VRA 15, 4)

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(SPECIFY)

24 FUNERAL DIRECTOR

Removal

State Anatomy Board

2-12-87

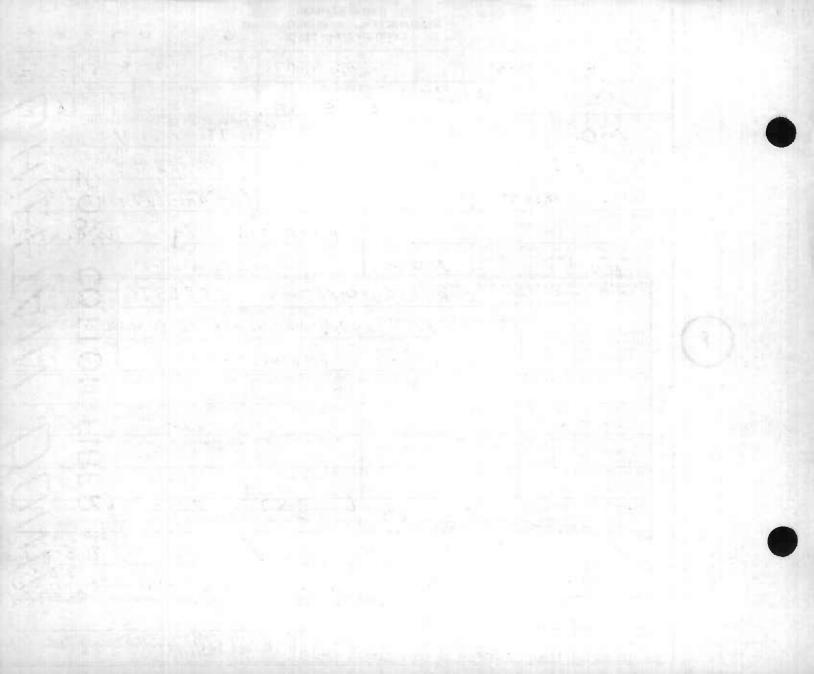
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250 DATE REC P. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

COUNTY

STATE

CITY OR TOWN



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL

HYG	IENE 8 REG. NO	0		4	8	U	a
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CERTIFICATE OF DEATH A REGISTRAR LE ASED NAME TYPE OF PERSON CLATENCE WALKER 4. RACE 1.5EX 5. DATE OF BIRTH MALE BLACK OY A BIRTHPLACE (STATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BARMURE HUSPIAM OF Bruco BUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMIT Baltimore Marvland YES X 4 FATHER'S NAME 15. MOTHER'S MAIDE MIDDLE Walker Sarah Jerry 166 SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 212-14-1183 Agnes Wa No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: MYOUNDING INFACE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF AMERINA Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM ETC ) NOT WHILE 220 I certify that (I) (this haspital) attended the deceased from saw the deceased alive on above, (I) (we) (did) (did par) vi and that in (my) (par) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 10/01 MEDICAL PHYSICIAN D DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS When is really 7670 Fues mus 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 "March F/H West 4300 Wabash Ave. (VRA 15, 4)

Burial

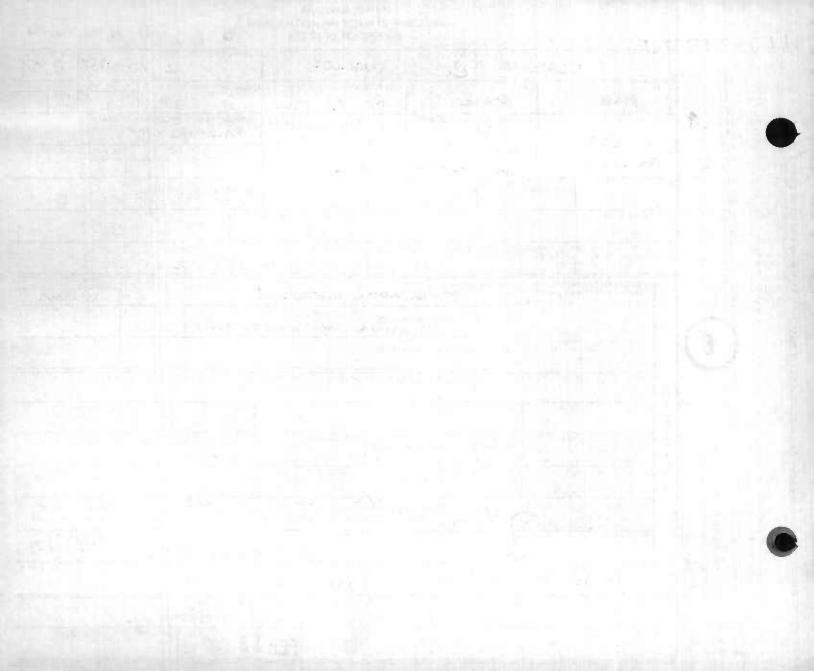
FOR

- STATE

New Cathedral Cem.

Baltimore, Md.

250 DATE REC'D. BY REGISTRAR 25 W REGISTRAR'S SIGNATURE

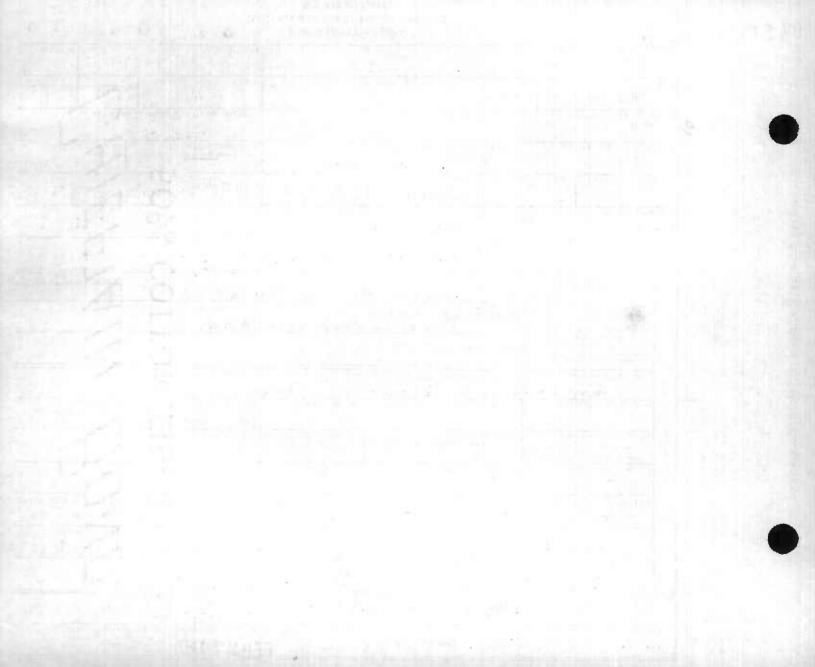


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(VRA 15, 4)



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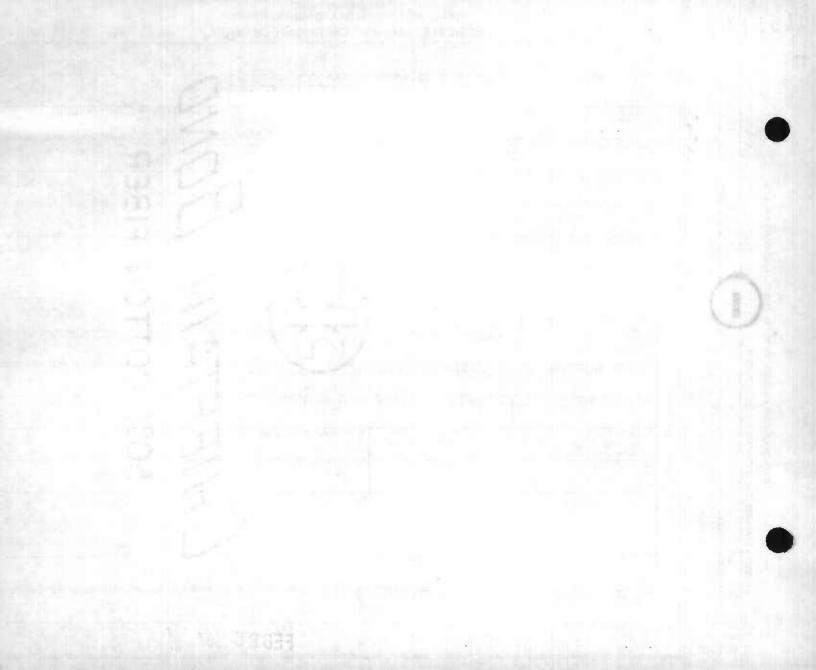
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I DECEASED NAME MIDDLE 26 HOUR (TYPE OR PRINT) XAVIER 3. SEX 5 DATE OF BIRTH MONTH BLACK 09 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH FO. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORS IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IE NOT IN SUCH FACILITY GIVE STREET ADDRESS) SCHOOL-PRINCIPAL BALTIMORE CITY RYLAND 2120 WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS / ZIP CODE BALTIMORE; MO. 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 2-200 OSLYN BALTIMORY CITY YES Y 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 17 INFORMANT MA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? PARCINGTON VA. 22206 166 SOCIAL SECURITY NO. HE YES, GIVE WAR OR DATES) ALVIN XIWATERS, JR, 4620 A SOUTH 36TH, ST. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. DULMWARY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO OR ASMA CÓNSEQUENCE OF underlying cause last. CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive ai and that (6 (my)) (aur) apinion death accurred an the date and have and from the causes stated above (1) we) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIANS 72d PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION BALTIMARE NATIONAL CEN NEMPER + SONS FUNERAL HOME, INC. DHMH - 16 60M 7/84 2501 GWYNNS FALLS PKWY, BALTIMORE, MO. 21216 (VRA 15, 4)

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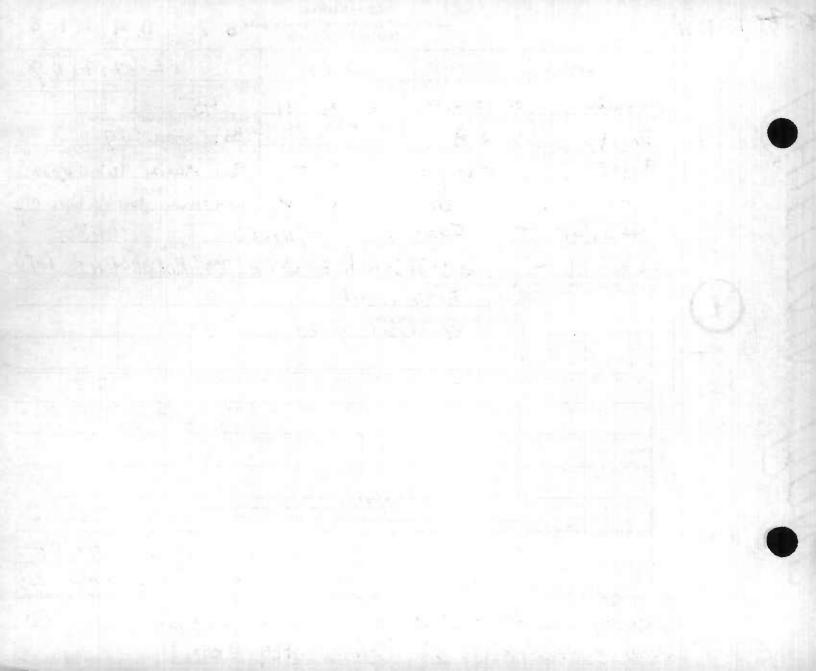


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ВР	_	Burial	2/24/87	Mt. Aub	urn Cemetery	Westport		
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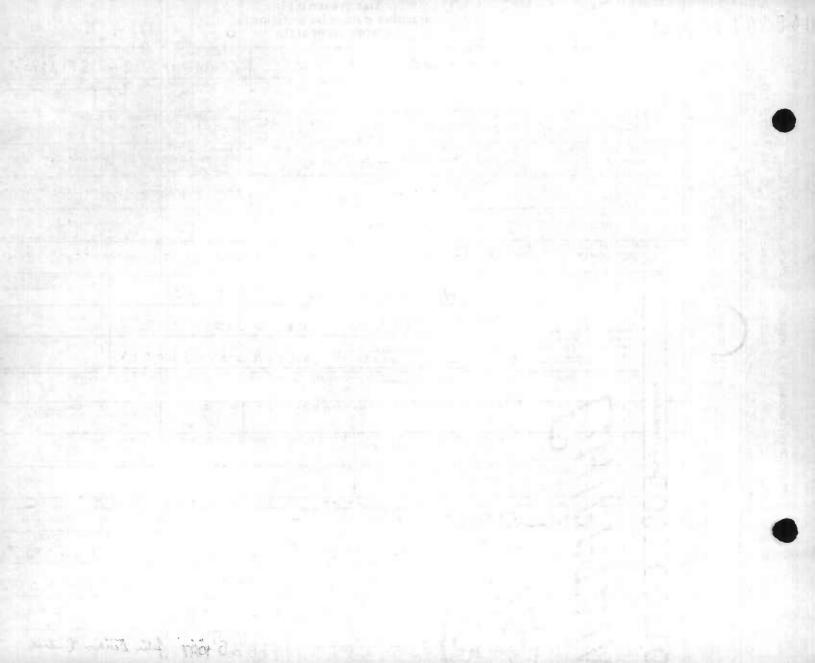
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH O REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Weatherspoon 1987 3:00 a. William Albert February 11. deol 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS HOURS 1929 August Male Caucasian BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE ISTATE OF FOREIGN 26 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City. U.S.A. North Carolina WIDOWED DIVORCED | ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Shipping Merchant Seaman Lemko Community - 603 S. Ann St. Baltimore "USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
134 CUTY OR TOWN 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore Maryland 603 S. Ann St. #21231 Apt. 505 A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE S. Guy Fannie John Weatherspoon 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Apt. 505 16h SOCIAL SECURITY NO 17 INFORMANT IYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Edith I. Weatherspoon- 603 S. Ann St. #21231 123/18-1/12/240-36-8462 MTMEN CASEL AND DEATH 18 CAUSE OF DEATH | Enter only one cause Duline for PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Canditions, if ony, which gave rise to immediate cause ial, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE OCTO BER 22a. I certify that N (this hospital) attended the deceased from\_ DECEMBER saw the deceased alive an and that in (my) tour) opinion death accurred an the date and have and from the causes stated above, It is it did not view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL FUNERAL uld be detu h the Stone ORTANT, N PHYSICIAN [] DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OR PRIN) 77e ADDRESS 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE Baltimore, Maryland Feb.18,1987 STATE Cremation Green Mount Cem. BY REGISTRAR 256. REGISTRAPES SIGNATURA 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 George A. Weber & Sons Inc. 705 S. Ann St. 21231 (VR A 15 (4))

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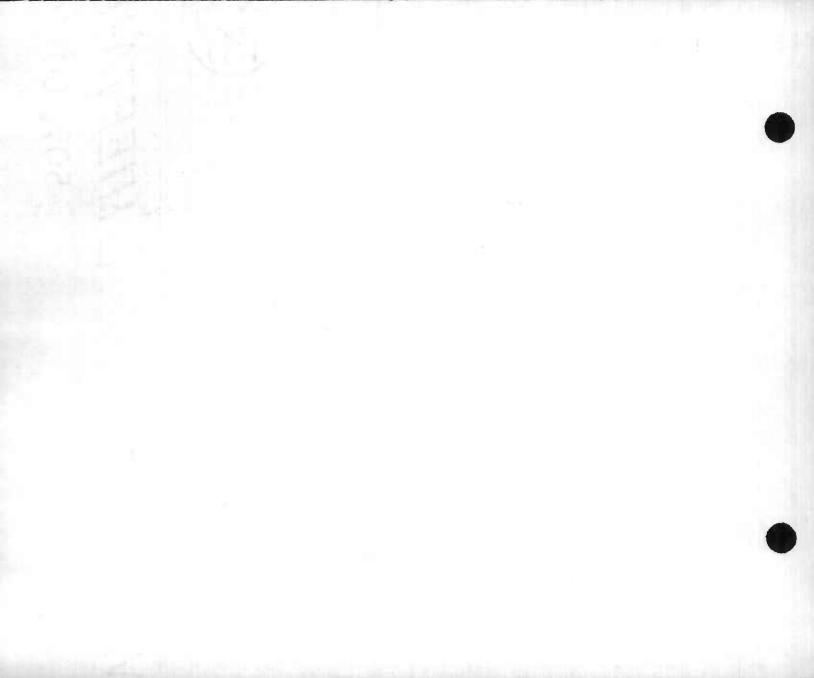
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DHMH - 16 60M 7/B4	Leroy M.	Russell C. Nadson Avenue,	Vitzke Pun	eral H	Homes P.A.	D 0 5 4007	Mediation Sign	- Kindal
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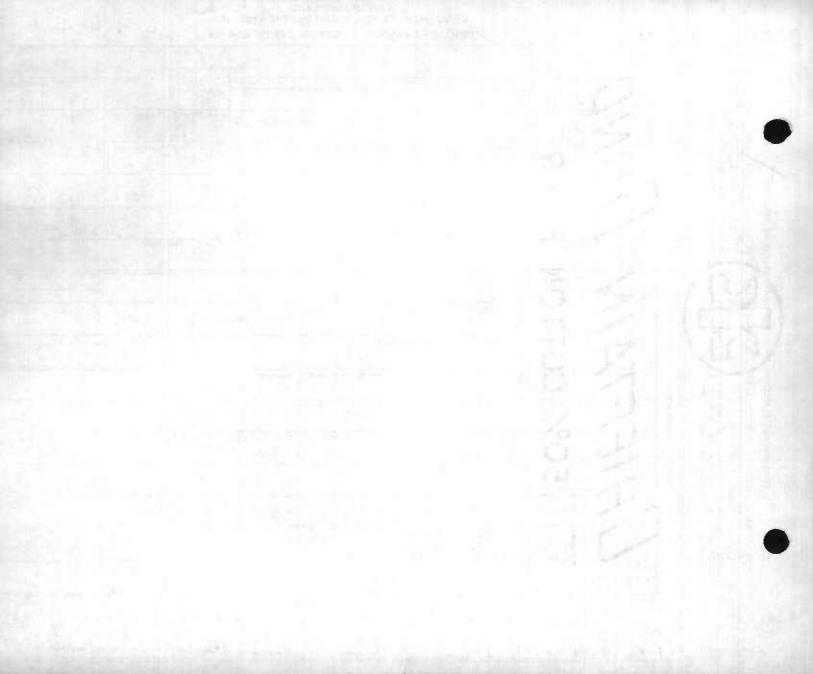
STATE OF MARYLAND 045561 FEB 27 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR poge 3 (TYPE OR PRINT) Elizabeth WEIDE MEYER GRACE FEBRUART 3. SEX June 10. 1907 White Female TO CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City United States Maryland ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR Gardenvillage Nursing Home Clerical Baltimore JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Baltimore 13d INSIDE CITY LIMITS? 524 North Charles Street/21201 Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME D. Ewing Weidemeyer Susan John ADDRESS Baltimore, Md. 21228 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Charles Herbert 1240 Pleasant Valley Drive 218-22-2268 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). FAILUNS. PART I, DEATH WAS CAUSED BY RENAL CUTE IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF REPHASSCLEASS Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF BATERIOSCLEROSIS underlying couse lost. GENERALIZED PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO YES [ 210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an FEB - 24 and that in (my) (eur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did view the body after death. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. old b ST. PAUL PLACE. 301 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Cremation Feb. 26, 1987 Green Mount Crematory 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 60M 1:73 Julia Devider Pandale Walter Brooks Bradley, Inc. Dundalk, Md. 21222 (VR A 15 (4))



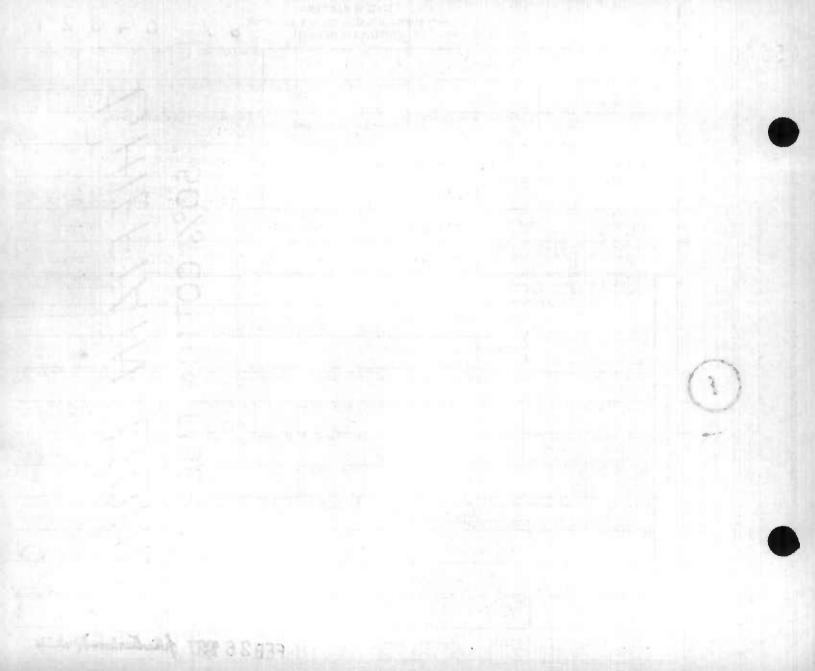
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ath certificat ending physic corban pap n, or remava matic event,			AS A CONSEQUENCE OF 1	HRREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the ded by the att ease remove al, cremation		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	AS A CONSEQUENCE OF THE		
en signee Then pl in to buri	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIVE	N IN PART I (a)
The low scion.  The low scion.  The low scion.  Shows only	CERTIFICATION		on for which operation was performed	YES NO TO YES	
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ING Ph r atten so the thand arked a	ME		FACTORY, OFFICE, FARM ETC.) STREET	2 4 8	COUNTY STATE
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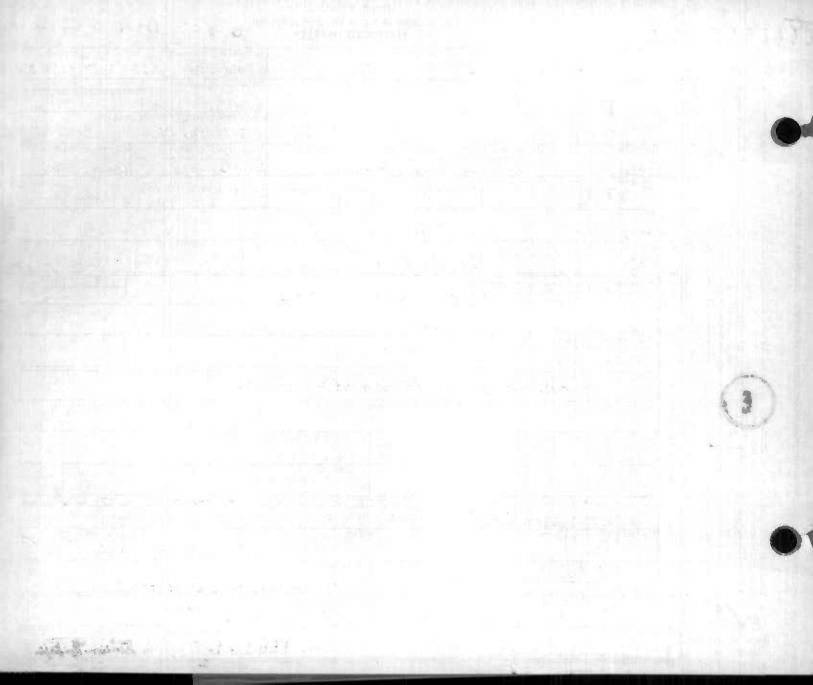


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010	0 7 1	1-	FOR Med. Ex. / Gbj. DEPARTMENT OF HEALTH AND MENTAL HYGIENE	320
0 4 6	4 14		REGISTRAR 3/26/87 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
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	F ANY DELAY IS NECESSARY, PLEASE, AND 3 TO THE FUNERAL DIRECTION. RETAIN PAGE 5 FOR YOUR FILES. SHE TUD BE FILED, WITHIN 72 HOURS. LITTER ROS. 201 W. PRESTON STREET,		WIDOWED DIVORCED Baltimore Cit	K 126 KIND OF BUSINESS
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-	8 8 6		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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865	ENCIL IN MINER- TRANSITE ENTAL HYCOR REMOV		Conditions, if any, which	
×	PENCI AMINE TRA OR R		gave rise to immediate (b)	
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¥	SHOULD ORD "PE CHIEF A E USED / T OF HEA	Ž	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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	EXAMINER: 1 CERTIFICATE, VULD BE FORV L DIRECTOR: P 4, WITH THE SI MARYLAND, 3			apinian
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	¥. ¥ 9 9 9 9 €		ACTUAL TITLE (SPECIFY)	F 2 26 07
	A HANDER		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGN	NE 2-26-87
	ANDIC CUTE T SE 4 SI SE 4 SI FUNER ER DEA		EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street	
	TO MEDICAL EXAM EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE TO FUNERAL DIRE AFTER DEATH, WITH		(TYPE OR PRINT)ADDRESS	
	Fuer of	23a B	URIAL, CREMATION, REMOVAL 236. DATE. 231. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN	STATE STATE
07/84 25M	BP	26.5	BURGAT 3-681 MI. ZICN CEM. BACTIMENE	1 HATCY HAND
2 3/41	DHMH - 17	C FI	UNERAL DIRECTOR  NAME  APPRESS  APPRESS	SIGNATURE
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(VRA 15, 4)



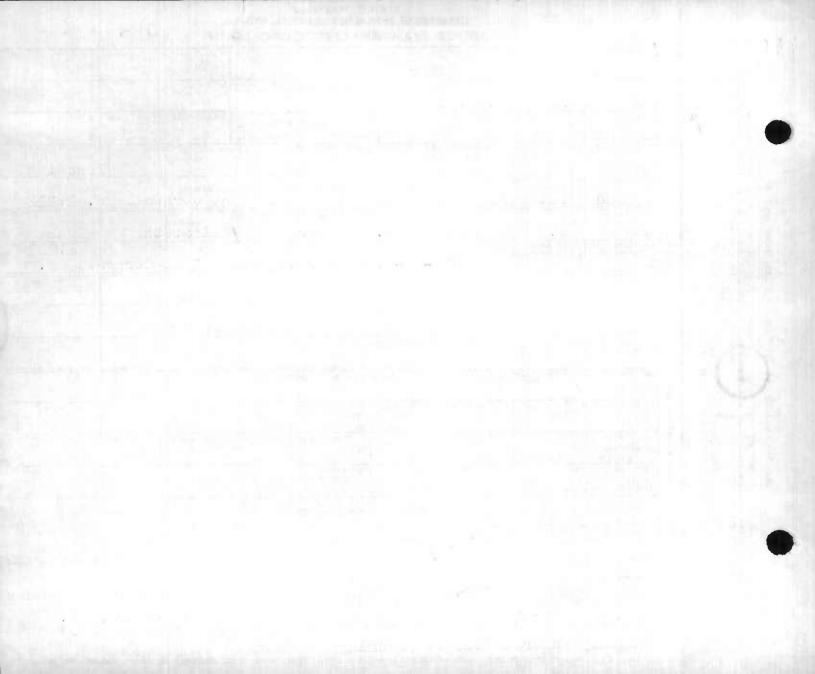


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH OF ESTI-NO THE FUNERAL DIRECTOR.

N PAGE 5 FOR YOUR FILES.

O BE FILED, WITHIN 72 HOURS.

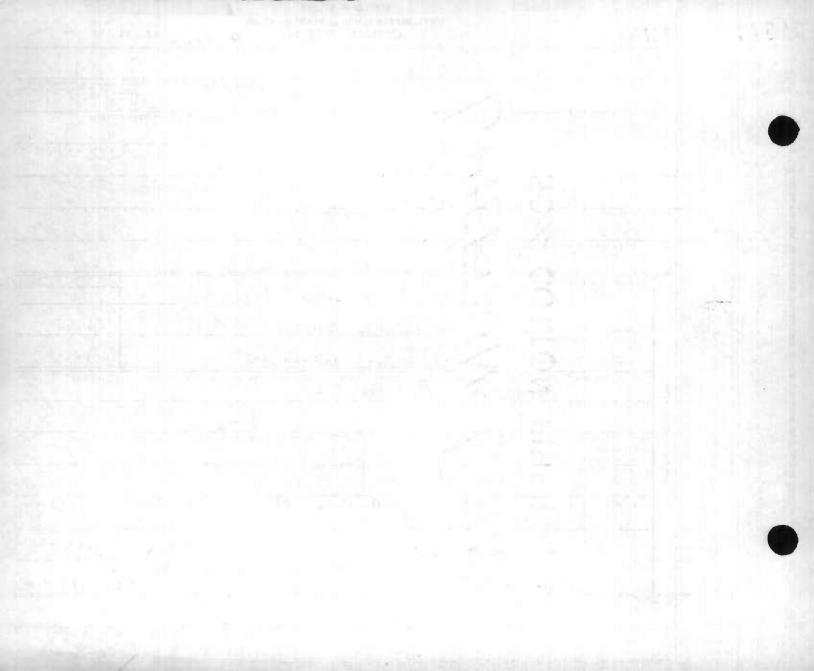
OS. 201 W. PRESTON STREET, DEATH MATED Frederick Welsh 1987 Howard & AGE (IN YEARS | IF UNDER 1 YR 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS 1 SEX DATE 24 HOUR LAST BIRTHDAY PRONOUNCED DEAD 11/19 87 Male White 68 YRS AM 9. BALTIMORE CITY OR COUNTY OF DEATH H BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, aryland WIDOWED [ DIVORCED D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Baltimore Key Medical Center Trucking USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) No COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 2940 Cornwall Rd. 21222 Maltimore Dundalk Maryland FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST FIRST MIDDLE LAST Elizabeth John Welsh Bush Sr. Mary WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-30-0196 Dorothy Welsh 2940 Cornwall APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BACHWORE, MARYLAND, 7 Inspection XX 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian X Natural causes Hamicide Suicide Undetermined manner TITLE (SPECIFY) **ACTUAL** DATE Assistant MEDICAL EXAMINER 2/11/87 SKINATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 23e.BURIAL, CREMATION, REMOVAL 23b DATE 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore, Burial Lawn Cemetery 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH 17 Connelly Funeral Mome of Dundalk (VR A15 ME (5))



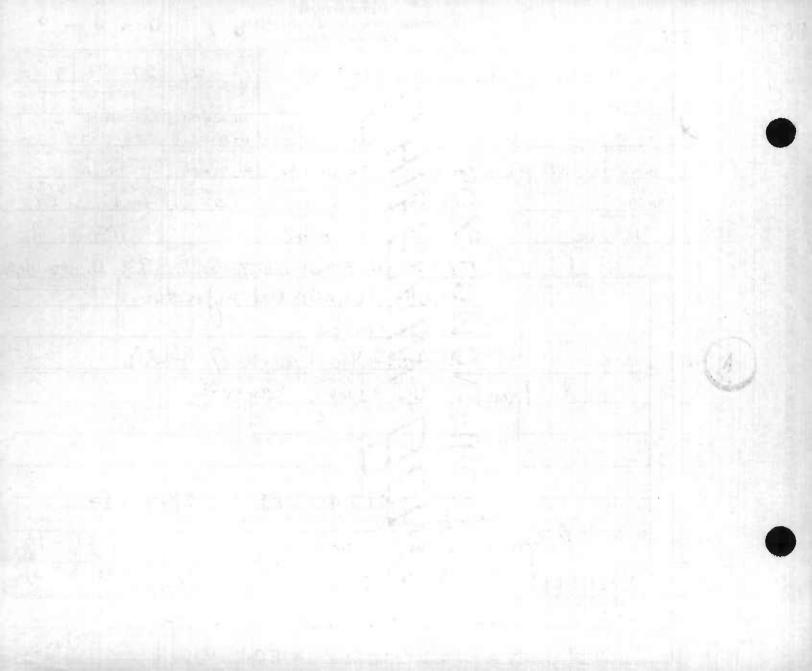
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWNXX 2b. HOUR (TYPE OR PRINT) OF ESTI-HEESSARY, PLEASE HINERAL DIRECTOR. E FOR YOUR FILES. WITHIN 72 HOURS WESTON STREET, Helen 1987 White DEATH MATED 3. SEX 4 RACE DATE OF BIRTH AGE (IN YEARS I IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS 2c DATE DAY YEAR LAST BIRTHDAY) PRONOUNCED 2:23 a: M Female Black 6 10 18 68 DEAD 1987 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | FOREIGN COUNTRY) Pennsylvania U.S. Baltimore City, WIDOWED & DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Maryland General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE Balto. 1802 Eutaw Place 13b. COUNTY 13d. INSIDE CITY LIMITS? Md. 21217 YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDOLE LAST MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 949 Montpelier St. (YES, NO. OR UNKNOWN) I (IE YES GIVE WAR OR DATES) 216-18-0535 Ms. Florence Roland Balto. Md. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypothermia Conditions, if ony, which (b) Multiple Injuries gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Organic Brain Syndrome EDICAL EXAMINER: THIS CERTIFICATE SHOULD THE THE CERTIFICATE, WRITING THE WORD HE SHOULD BE FORWARDED TO THE CHIEF NEARL DIRECTOR: PAGE 3 SHOULD BE USED DEATH, WITH THE STATE DEPARTMENT OF HE WORE, MARYLAND, 21201 PROR TO BURIAL CORE. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) UNDERLYING XXOR HOUR MONTH DAY YEAR MEDICAL 10.30 M. 1-26 19 87 subject fell from balconv CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK XX 1802 Eutaw Place, Baltimore, Maryland nursing home Autopsy XX 22a I certify that I took charge af the remains described above, held an and in my opinion Accelent X death resulted from Natural cause Homicide L Undetermined monner TO MEDICAL E EXECUTE THE O PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALLEMORE, M 1-27-87 Assistant SIGNATURE EXAMINER'S NAME Dennis F. Smyth 111 Penn St., Balto., Md. M.D. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE 07/84 BP Remova 1 2-9-87 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAN 256 REGISTRAR'S SIGNATURE DHMH - 17 Anatomy Board Balto., Md. (VR A15 ME (5))

STATE OF MARYLAND

FEB 11 1987 / 6 500 on Balance



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH / MONTH 26 HOUR LIVPE OR PRINTE ELF.M WHITTINGTON 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) EN CHICAR I YEAR IF UNDER 24 HRS MONTH YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [ BALTIMORE 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE NIA SECOURS HOSPITAL RETIREN ON USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13b COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 4505 MD YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST , nhowst Innie ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per ling(for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNALCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN 11EM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STREET STATE AT HOME STREET, FACTORY OFFICE, FARM, ETC 1 NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated abave, (1) (we) (did )(did not) view the bady after 27b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Pf 0 230 BURIAL CREMATION, REMOVAL 23d LOCATION 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 3/6/87 Baltimore. BP. Balto. Nat. Cem 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Wm March F/H West 4300 Wabash Ave. (VRA 15, 4)

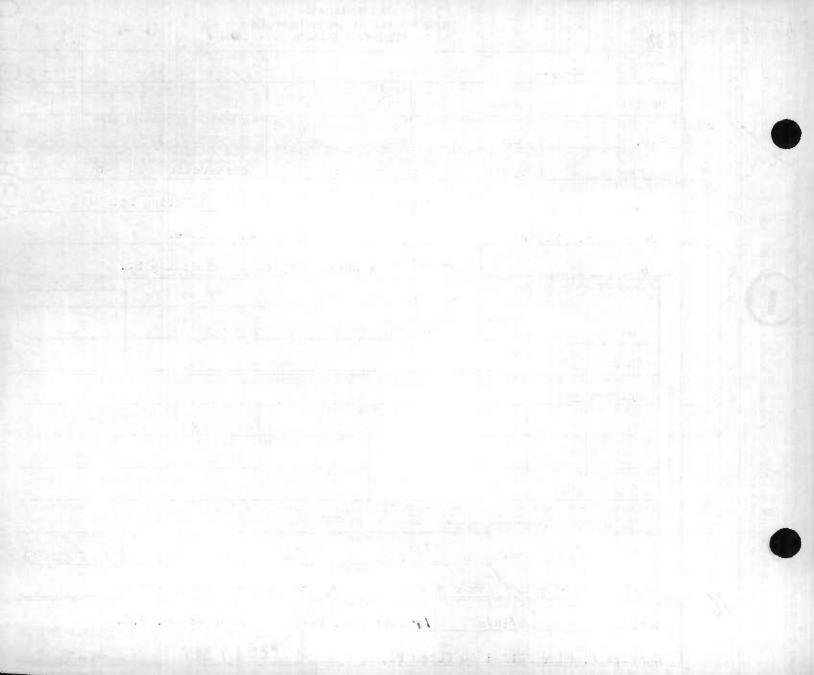


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AND 217	hould be	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136. COUN	NTY LIZE CITY O	PRIORE ADMISSION) IMORE	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS / 228 Warre	zip code en Ave. 212	230
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	removol		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	TE CAUSE (0)	(b), and (c).) 21+05 15	OF LIV.	ER	BETWEEN O	MATE INTERVAL DISET AND DEATH
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AL RECORDS	has been s t permit. The	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
DIVISION OF VITAL	certificate urial-transi tental Hyg Item 18 sh	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.M.	TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART 1 OR PART 2]	
OIVISIO NG PHY	fter this os the but th and M orked ar	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
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TAL OR	T + 0 + +		226. SIGNATURE		5		MEDICAL STAF DIRECTOR ☐ PHYSIC	FIAN DATES	IGNED TO
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BI			BURIAL, CREMATION, REMOVAL (SPECIES) Burial	236 DATE 2/7/87		emetery or crematory sood Cemetery	23d LOCATION CITY OF TOWN Baltin	nore, Md.	STATE
	H - 16 60M 7/84		UNERAL DIRECTOR	AD	DRESS	LLU	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATU	IRE.
	(VRA 15, 4)		MITCHELL-WIEDEFF	ELD HOME, INC.	6500	Vork Rd LD	U 1987 8	men themany . Very	Name of the last

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ADDRESS 6500 York Rd.

Mitchell-Wiedefeld Home, Inc. Baltimore, Md.21212FEB

Julia Devider Pandage

24. FUNERAL DIRECTOR

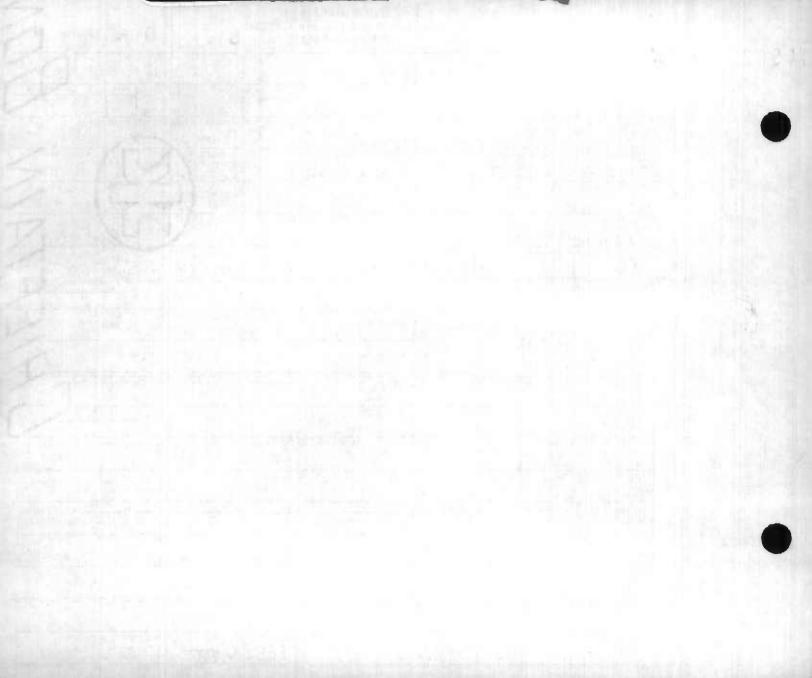
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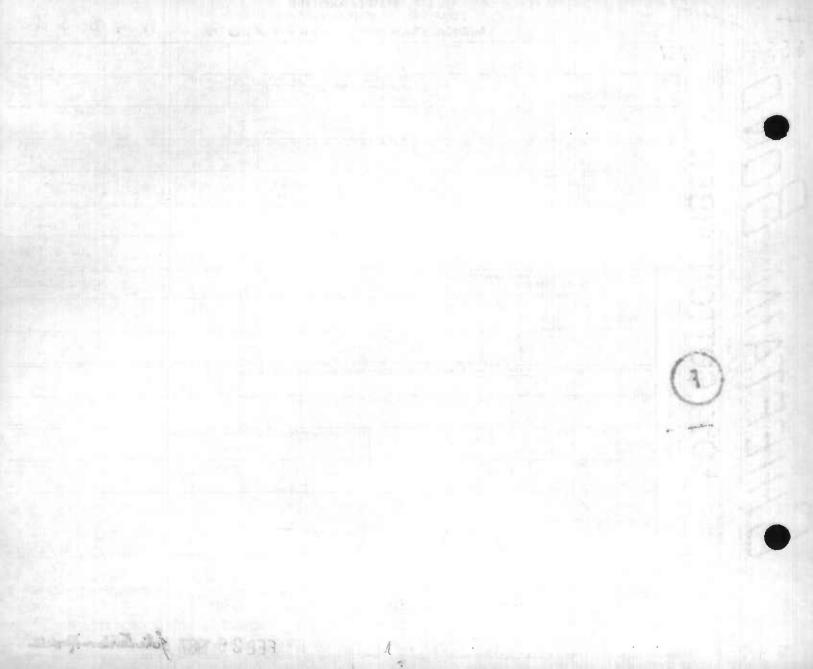
STATE OF MARYLAND

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ene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	208 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
em 18 sh	1	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
rked or It	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFIC	E. FARM. ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
of Health		220.1 certify that (I) (this hasp	ital) attended the deceased Iran		, ta, ta an the d	, 19, , that (I) (we) last ate and have and Iram the causes stated
ote Dept.		27b. SIGNATURE	A.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF 2/17/1-
should be det with the State IMPORTANT.		22d PHYSIC TAME HAME HYPE OF		22. ADDRESS (-218 Same	igente Way	7
± 3 ₹ 7	23a 1	BURIAL, CREMATION, REMOVAL ISPECBURIAL	23b DATE 2/21/87	NAME OF CEMETERY OF CREMATORY PLEASANT REST CEMET	ERY TOWSON	COUNTY MSTATE
		UNERAL DIRECTOR		0.5	TE DECID BY DECISTRAD	25b. REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR THPE OR PRINT OF ESTI-DEATH. IF ANY DELAY IS NECESSARY, PLEASE GES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. WAR PM. 3. RETAIN PAGE 5. FOR YOUR FILES. MATHIN 22 HOURS. DEVITAL RECORDS, 201 W. PRESTON STREET, 19 87 2 - 23Frederick Williams 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) 9:29 PRONOUNCED 1987 male black 26 1936 DEAD 50 70 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, N.C. USA WIDOWED [ DIVORCED ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Post Office 1522 E. 36th St., Apt. D Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c. CITY OR TOWN 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21218 1522 E 36th St Apt D Baltimore YESK NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Williams The 1 ma Parkers Moses 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 812 Brigham Road Raleigh 245-60-8590 Sandra Båker Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Diabetes Mellitus 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗆 NOXX DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210 PLACE OF INJURY (ATHOME 21d INJURY OCCURRED II. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural counts XX Undetermined manner Momicide | TO MEDICAL EXAME EXECUTE HE CHATE PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH WITH BALEWORE MARKA THE (SPECIFT) 2-25-87 Agsistant EXAMINER'S NAME Dennis F. Smyth/M.D. 111 Penn St., Balto., Md. 21201 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY W.C. Burial 3/1/87 Raleigh Nat Cemetery Raleigh 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wm. C. March F/H 1101 E. North Avenue in Durdon (VR A15 ME (5))



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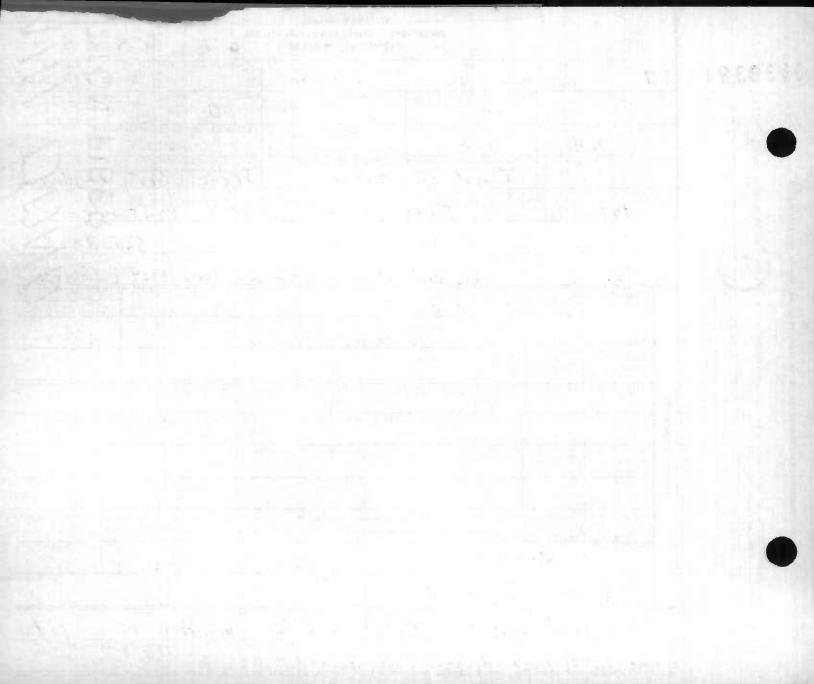
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STATE OF MAKTEAND										
DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
CERTIFICATE OF DEATH										

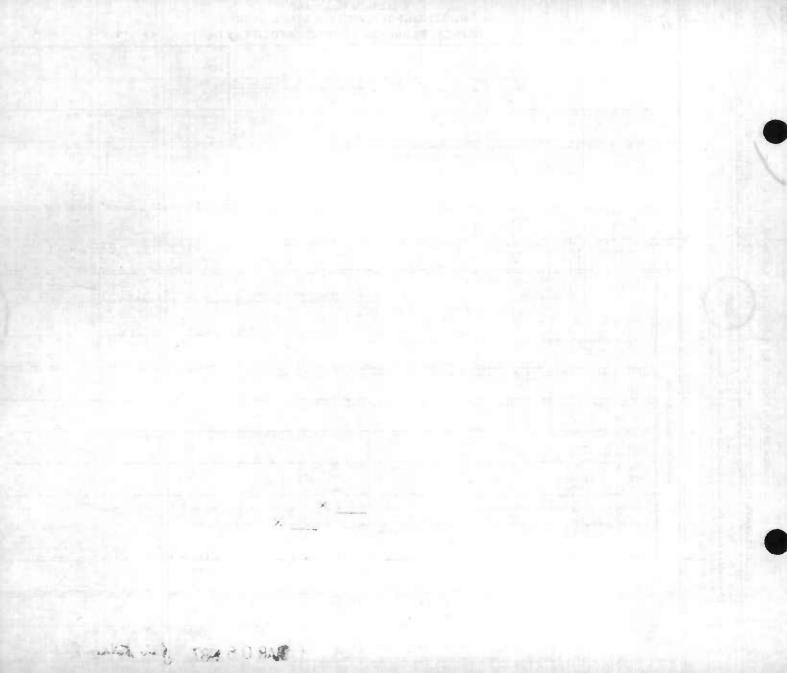
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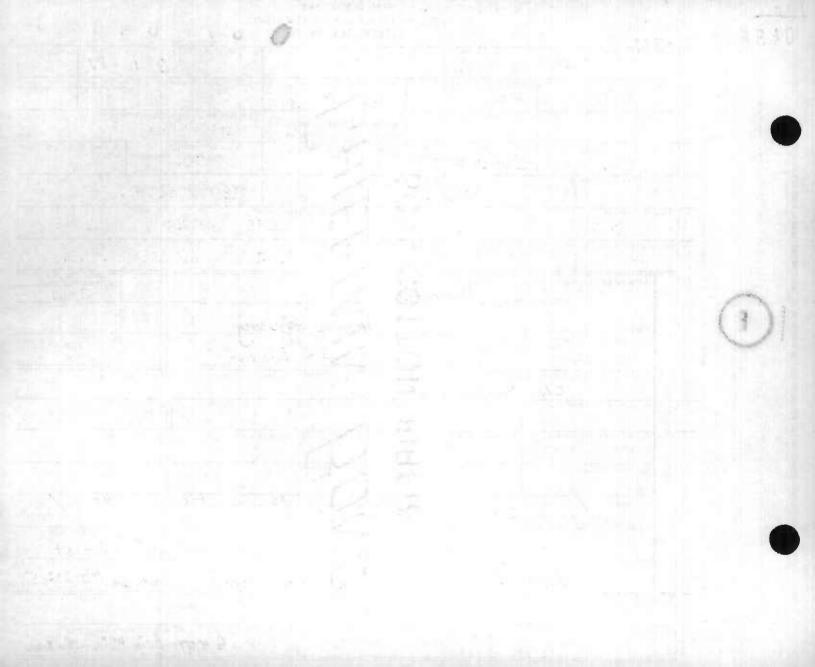


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2		EXAMINER'S I	NAME Cha	arles P.	Kokes	, M.D.		ADDRESS_				Balto	)., M	ID :	21201	
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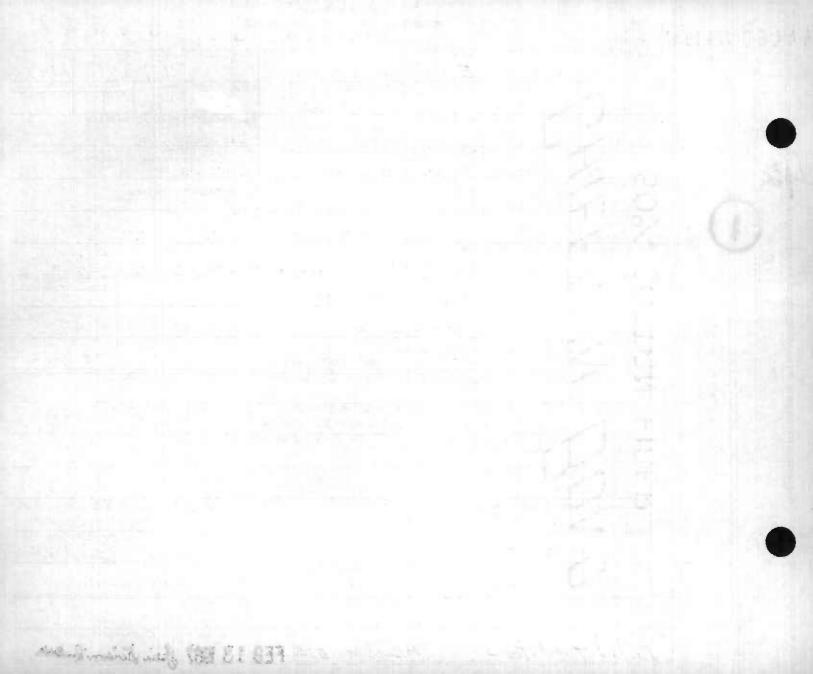
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTS Sarah Rebecca Saunders Williams February 4 1987 4 RACE 5 DATE OF BIRTH AGE HIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS 23 30 63 Female Black TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Maryland BALTIMORE CITY, U.S.A. WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 833 Druid Park Lake Dr. Apt. Unemployed BALTIMORE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13. STREET ADDRESS / ZIP CODE Apt. B 21217 833 Druid Park Lake Drive 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN Baltimore YES KT NOF Marvland 15. MOTHER'S MAIDEN NAME IL FATHER'S NAME MIDDLE MIDDLE Hall Ella Charles Johnson 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Apt.B LYES NO OR UNKNOWN) IN YES GIVE WAR OR DATEST Thomas Williams 833 Druid Pk Lake 214-26-4631 NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: 10 mily to evely my more IMMEDIATE CAUSE 10) DUE TO OR AS A CONSEQUENCE OF Chatrichie Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19n DATE OF OPERATION 200 AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 71e PLACE OF INJURY III LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 120.1 certify that (I) (this hospital) attended the deceased from - 4. Man saw the deceased alive on , and that in (my) (bur) opinion death occurred on the date and hour and from the causes stated above (11 New) (did) (did not) view the body after death 77b SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIANT 724 PHYSICIANGS NAME (1991 OF PRINT) 22e ADDRESS d b HUSKAUS HOSPITAL BANTUNGE MD AY NOND shout with 230 BURIAL CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore, "BURIAL 2/10/87 Baltimore Cemetery 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

March Funeral Homes 1101 East North Ave

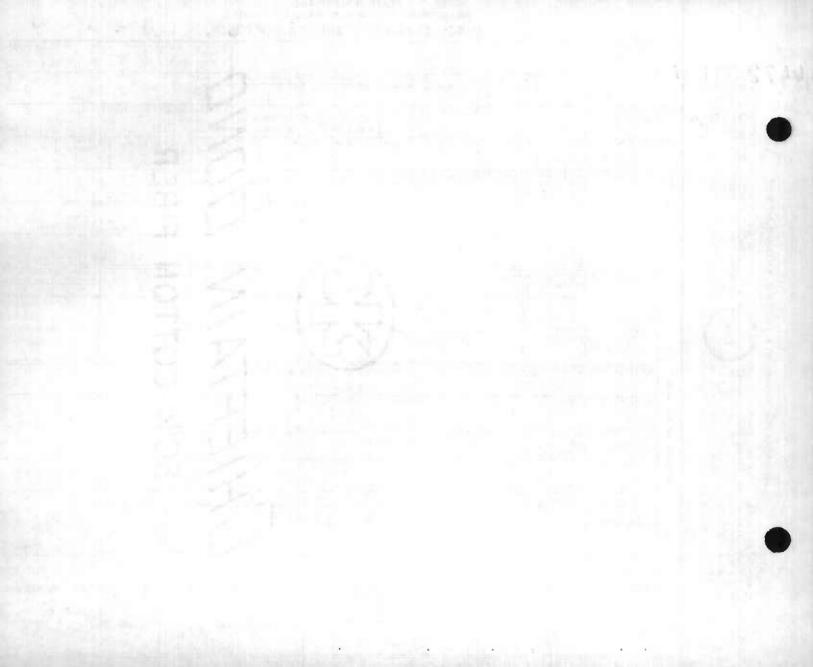
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	AT BA	# 5		saw the deceased observe	11-17	10 8	and that in (my) (aur) o	ipinian death occurred on the date and	hour and from the causes stated
-	A A A	5. 5		above, (1) (watched) (did no	view the body	ofter death.	DEGREE		226. DATE SIGNED
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME 7h HOUR (TYPE OR PRINT) ESTI-Alexander Williamson DEATH MATED 1 / 19 87 4 RACE 7:16 A M 5. DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED M B DEAD 24 /1987 66 76. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR I BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Baltimore City, USA Virginia WIDOWED [ DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION ITYPE OF WORK 12b. KIND OF BUSINESS Union Memorial Hospital FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 130 STREET ADDRESS Baltimore 633 Bartlett Ave. MD YESK NO [ 21218 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Elizah Williamson Jesse Carter 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS Yes 218-03-0732 Margaret Williamson 633 Bartlett Ave 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Adenocarcinoma of Prostate IMMEDIATE CAUSE (a)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO V 3 SHOULD BE DEPARTMENT TO BU 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TRIPART 1 OR PART 21 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL 21e PLACE OF INJURY (AT HOME, 211. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY Inquiry X 22e I certify that I took charge of the remains described above, held on Autopsy ond in my opinion death resulted from: Natural couses Undetermined monner MOCE SHOULD BE TO FUNERAL DIRECTORY, WITH TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE 2/11/87 EXAMINER'S NAME Gregory R. Kauffman, M.D. lll Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Buria1 2/16/87 Cedar Hill Cemetery Glen Burnie 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Wm. C. March F/H. Inc. 1101 E. North Ave. (VR A15 ME (5)) FEB



DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

126 KIND OF BUSINESS OR

c/o Maryland General Hospital

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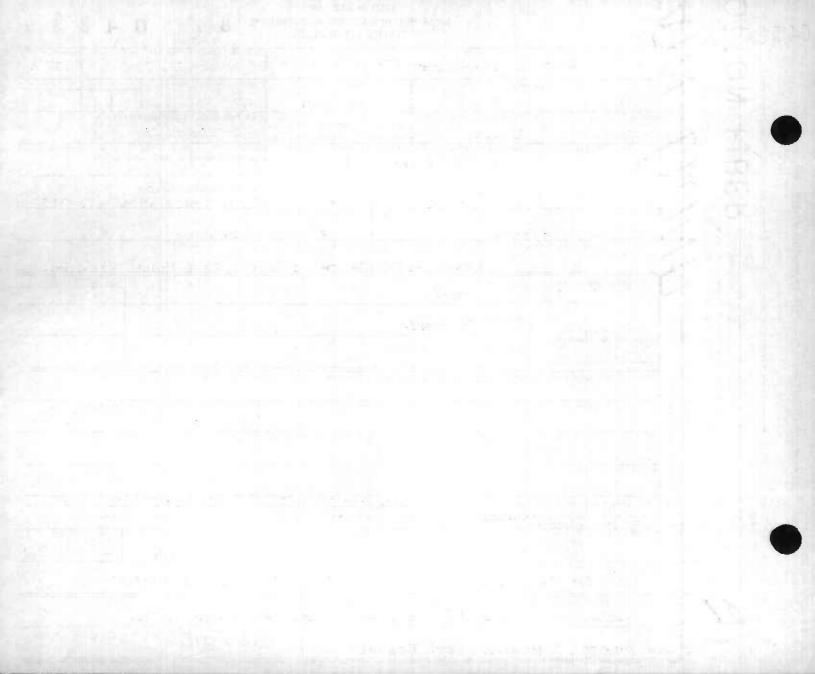
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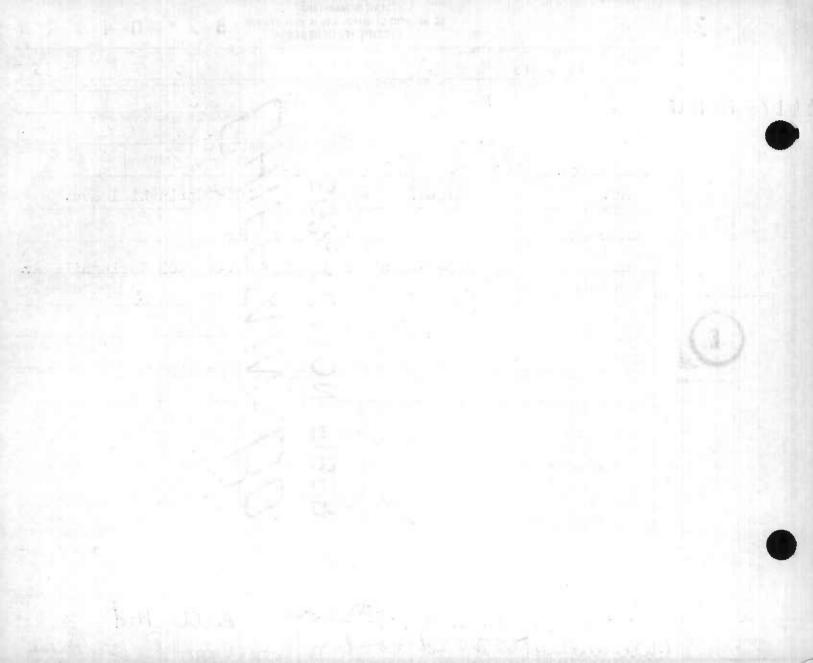
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Law Funeral Home 4611 Park Heights Ave.

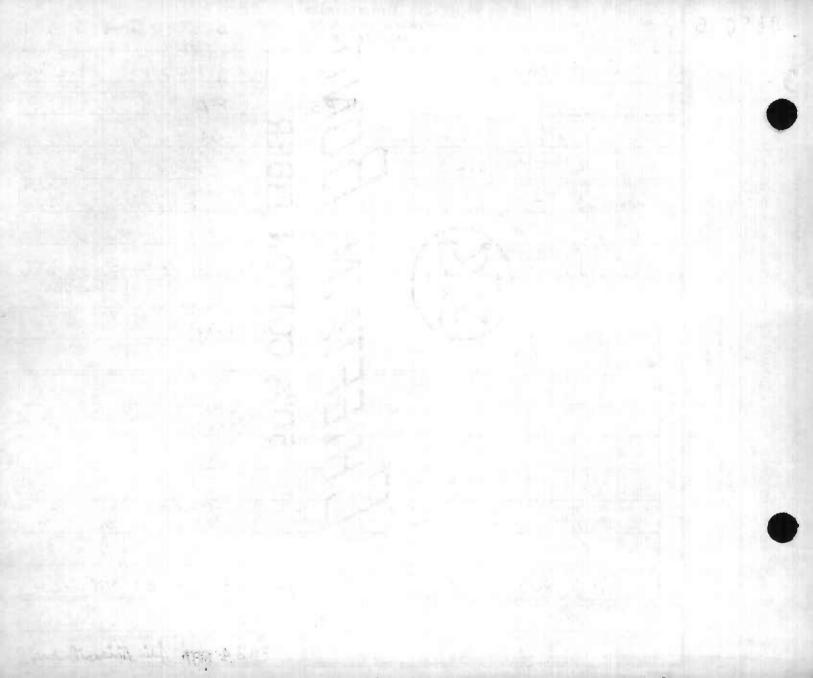
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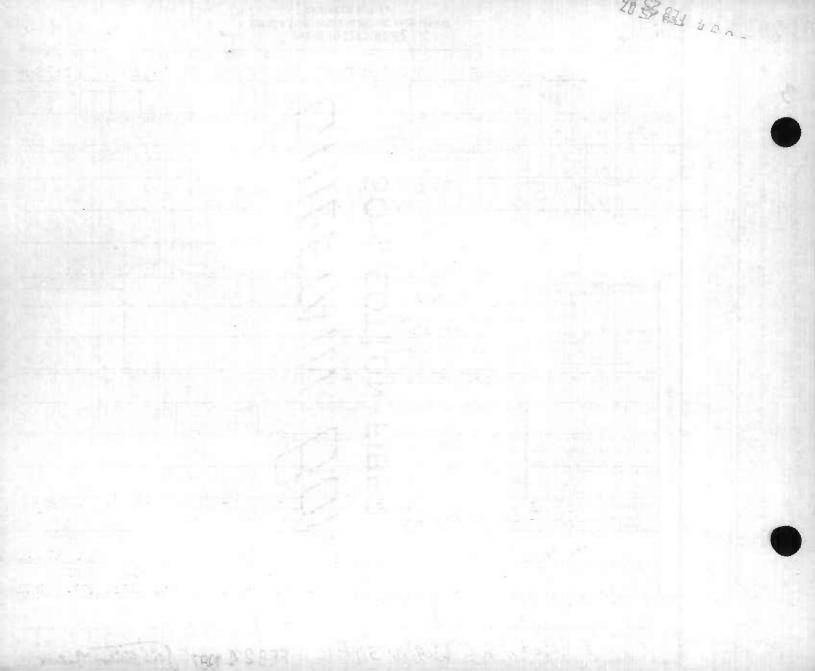
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		sow the deceased alive an	and that in (my) (our) opinion death accurred on the date and hour and from the causes stated
OR ATTEN be hospital DIRECTOR: oched for us Dept. of He If them 21 is		22b. SIGNATURE	DEGREE 221. DATE SIGNED
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTR'AR REG. NO. I. DECEASED NAME 2a. DATE OF DEATH MONTH YEAR 2b HOUR (TYPE OR PRINT) ,1987 LILLIE B WITHERSPOON FEBRUARY 9:15pm 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR Female Black 05 TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Lake City S.C Baltimore City WIDOWEDIA DIVORCED | HI CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Church Home Hospita USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Baltimore #9 South Ellamont St. 21229 YES X NO T 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE FIRST LAST Frazier Cameron Jenie Burgess 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST No 223-05-1448 Goldie S. Phillips. Jr. 2745 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY SEPSIS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF UREMIA Conditions, if any, which gove rise to immediate couse |o|, stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? distrans NOX YES [ NO T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 5 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK FEBRUARY FEBRUARY 220.1 certify that (1) (this hospital attended the deceased from sow the decreased plive of EBRUARY 17 obove, (I) (we) (did) did not) view the body after death 87, and that in (my) Currippinian death accurred on the date and hour and Irom the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN PORTANT th the St 22d. PHYSICIAN'S NAME CHURCH HOSPITAL CORPORATION BROADWAY, BALTIMORE, MD.21231 NAGPAL M.D. 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) CITY OF TOWN COUNTY STATE Buria Maryland National DHMH - 16 60M 7/84 (VRA 15, 4)



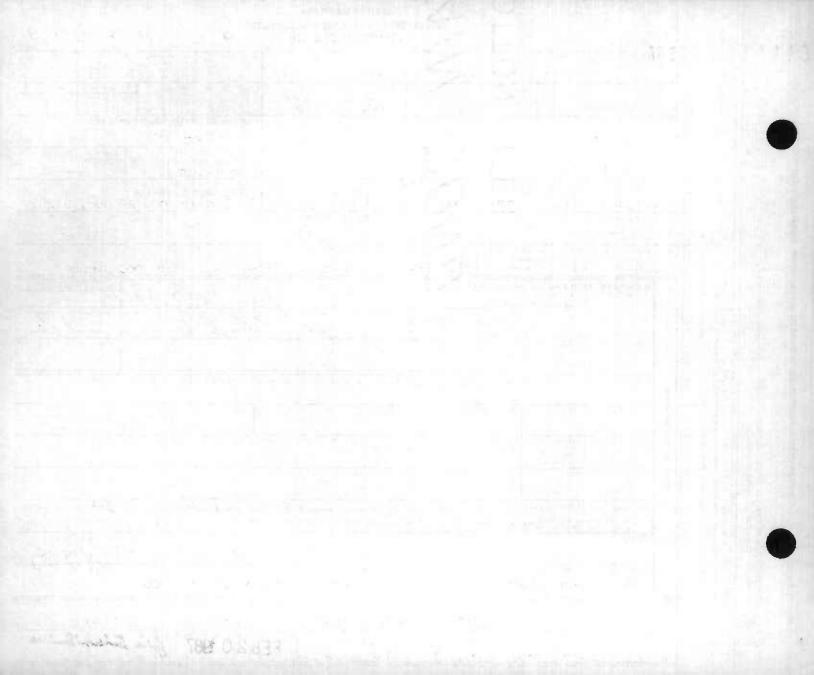
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## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH DEGEASED NAME FIRST MONTH 2b. HOUR [TYPE OR PRINT] 18 87 Rosa Mae WITTE 5:00 IF UNDER ! YEAR 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH YEAR 95 Female White Dec. 6 BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore City WIDOWED [X] DIVORCED 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Sinai Hospital Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE IBH COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore 1902 Englewood Avenue, 21207 Maryland Woodlawn NOK 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Katie Harry Revnolds Benner ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-09-2855 Edgar A. Witte, 1902 Englewood Avenue NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c, PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF NO [ YES 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM 18 PART I ORPART 2) H 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntol 19 LIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from I, and that in (my) (aur) opinion death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after/death 22b. SIGNATURE DEGREE 22c DATE BIGNED MEDICAL DIRECTOR | PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS the the Dr. Ruben Reider 7445-A Furnace Branch Road shour inh v 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE 2/21/87 Woodlawn Cemetery Baltimore Woodlawn Buria! 24 FUNERAL DIRECTOR 21229 DHMH - 16 60M 7/84

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

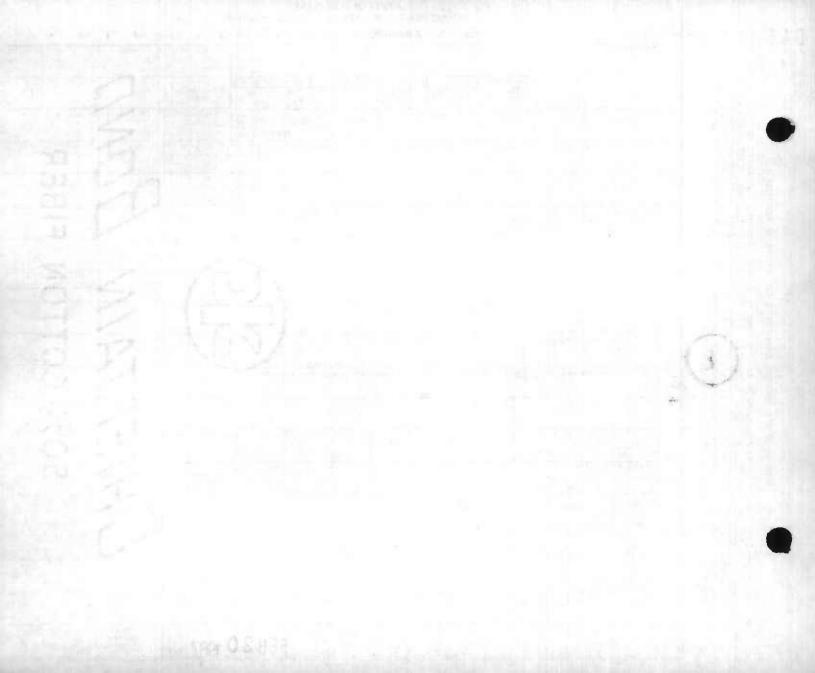
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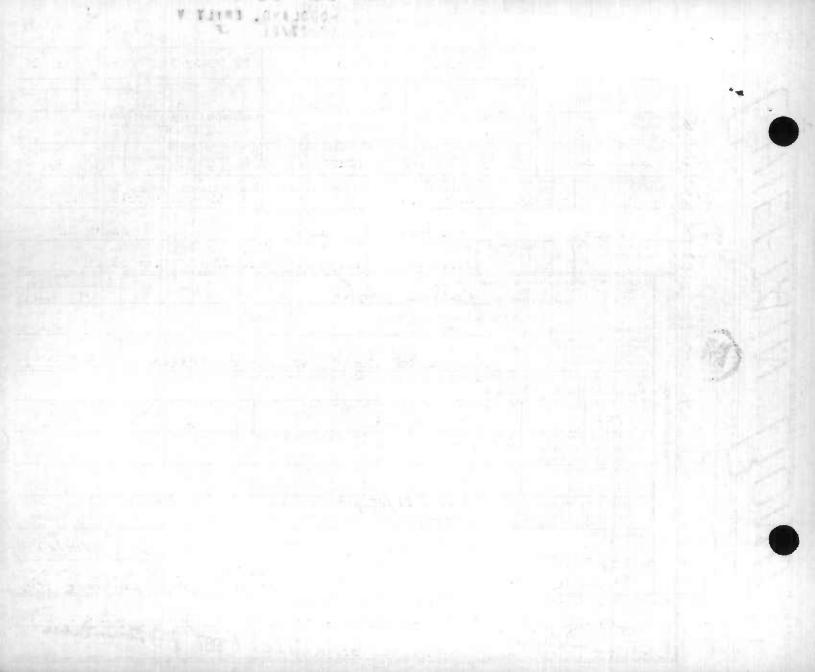


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1- DECEASED NAME 20. DATE KNOWN TO MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Charles AND 3 TO THE FUNERAL DIRECTOR.
RETAIN PAGE 5, FOR YOUR FILES.
MOULD BE FILED WITHIN 72 HOURS
RECORDS, 291 W. PRISTON STREET. Wood 14 19 87 4. RACE S DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS 2d HOUR DATE DAY LAST BIRTHDAY) PRONOUNCED 0:01 Z 0 TO BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS FOR MOST OF WORKING LIFE! Baltimore 26 S. Exeter Street USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21205 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS PATTERSON PK. AVE. 703 N. NO [] 14 FATHER'S NAME 5. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST DONALD WOOD, SR. THELMA **JACKSON** 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 213647012 THELMA WOOD 703 N. PATTERSON PK. AVE 18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Narcotic intoxication DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔛 NO | 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING ROOT OF DEATH HOUR A.M. MONTH DAY YEAR 1419 87 Subject used drugs 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET FACTORY FARM FTC 1 STATE COUNTY AT WORK AT WORK 26 S. Exeter St. Balto. home MD X 22a I certify that I taak charge of the sentines despited above, held an Inquiry and in my apinion Undetermined manner PAGE 4 SHOULD TO FUNERAL DIS AFFER DEATH W BAT (MORE, AM) Assistant 2/15/87 MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATOR' 23d LOCATION STATE BURTAL 2/20/87 BALTIMORE CEMETERY 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** MARCH FUNERAL HOME 1101 E. NORTH AVE. (VR A15 ME (5))





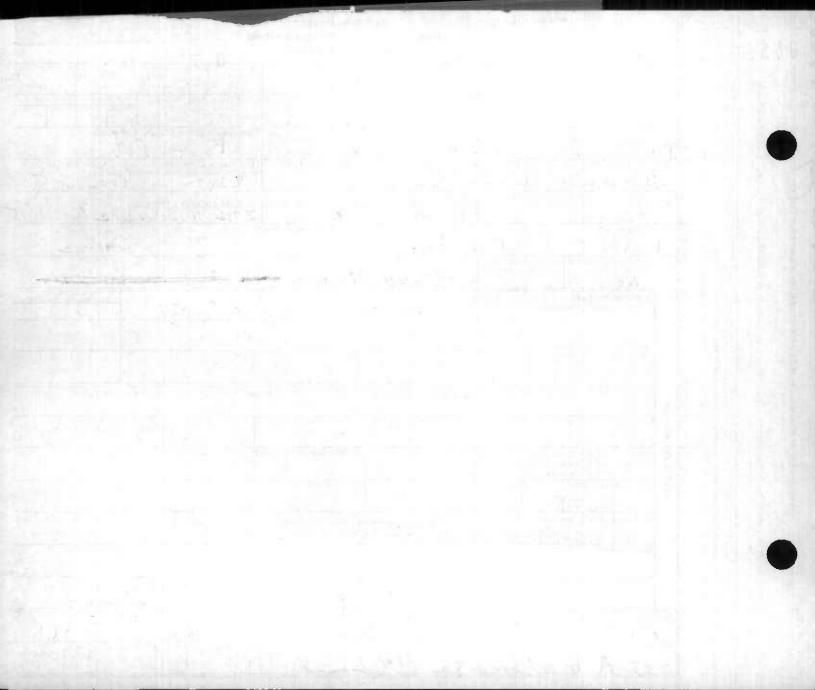
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(VRA 15, 4)	-	DAMOS A. MORADA DON MOI Lamen St. 1600.	4 1981 Julia Devideon Randall

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	0	011	) LED	100	EASED NAME FIRST	MIDDLE		A51	Ze DATE OF DEATH NO	PATE DAY YEAR	2b HOUR
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	4	ctor. po		3. SE	F.	A RACE B.	5 DATE C		A AGE CHÁPEARS LASI WHITHD	MONTHS DAY	
	4000	rol dire	22		RTHPLACE (STATE OR FOREIGN )	CITIZEN OF WHAT	MARRIE		BALTIMORE CITY OR	COUNTY OF DEATH	
	-	fune	02	人  10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL NURSING HOME O	DR OTHER INSTITUTION	120 USUAL OCCUPATION	- LINE	MD. OF BUSINESS OR
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AORE,	0 2 0	ond c	medicol		/	MED FORCES? 166 SO	1-10-3641	17 INFORMANT WE ISON	25.29	1101 Urban	21224 2416
Ē	2	non a	6		No			Nagdalene	(11)	ADDR	OVIDA A VE INITERVAL
	rtificot	physic	emaval. event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y ane cause per line for BY:	Carrie	c arrest	at home	BETWEE	ON IMATE INTERVAL EN ONSET AND DEATH
TON	400	Carbin	imofic			DUE TO, OR AS A	CONSEQUENCE OF	Comibly A.	swD.		/
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W 103	1	ed a	or of		underlying cause lost.	(c)	7,	Acras Pic			
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RECO	3	os bee	S ony	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION	OR WHICH OPERATIO	N WAS PERFORMED		OL IF YES, WERE FINE N CERTIFYING CAUS	ES OF DEATH?
TAL	- E	coor te h	Hygier 18 sho	ET	A. 455 PER PROPERTY NAME OF THE PARTY NAME OF TH	21b TIME OF INJU	DV	Tata troversal units occurre	YES NO NO	YES	NOV
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	PHYSICIAN.	phys ertifico	hem 18		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. M	NONTH DAY YEAR	ZIE NOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IF	NITEM 18 PART I OR PART 2	)
ISION			2 0	MEDICAL	21d INJURY OCCURRED WHILE NOTWHILE	21e PLACE OF INJ		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
2	2	r of	olthond morked		AT WORK		9		7 7/2/		
	TEND	prital a	of Heo 21 is m		22a.1 certify that (I) (this hospite sow the deceased alive on abave, (I) (we) (did) (did not	72/21	19.27	nd that in (my) (our) opinion	death occurred on the date	and hour and from the	he causes stated
	800	e hospi	Hem Hem		27b. SIGNATURE	New the body after o		DEGREE	MEDICAL STAFF	22c. DA	TE SIGNED
	4		State D	1	224 PHYSICIAN'S NAME TYPE OR	D-Tru	(hub)	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAL	NO 5	-51-8/
	TI45CH C	etoined TO FUN	with the State		<i>C</i> .	3	AKUBA	Pikesvi	112 Keiz	Suston	n Rd
	T	BP	, 5 1		URIAL, CREMATION, REMOVAL	23b DATE 2-26-81	231 NAME OF C	Me CREMATORY	23d LOCATION	2-churre	STATE
			- 1	24 FL	MERAL DIRECTOR	10 67	11/11/91	1250 DAY	E REC'D. BY BEGISTRAR 756	REGISTRADIC CIONI	ATURE O
	DI	HMH - 16 6 (VRA 15		7	25. A. mio	touts	ADDRESS / 76/	Land F	EB 2 4 1987	C. REGIZIKAK Z.SIGN	ATURED and alle



7,500	1 -	FOR STATE REGISTRAR			DEPARTMENT OF I	TEALTH AND MENTA		8 REG. NO.	0 4	3	5 2
186 FA	I, DEC	EASED NAME	FIRST	MIDDLE		LAST	20 DAT	E OF DEATH MO	NTH DAY YE	AR 2b	HOUR
o di	· (TYRE	OR PENT)	Harry		WRI	GHT	170	Fe	eb. 20 8	37 7	7:42A.M
0	3. SE)	(		RACE	5. DATE	OF BIRTH H DAY YE		(IN YEARS LAST BIRTHD			UNDER 24 HRS
/		Male	77.71	White	Sept			62	YRS	DATS	MIN.
1 X		RTHPLACE   STATE OR	FOREIGN 7	L CITIZEN OF WHAT CO	OUNTRY? 8	D A NEVER MARRIE	9 BALT	IMORE CITY OR C	OUNTY OF DEAT	Н	
35		Maryland		USA	WIDOW		D D B	altimore	City		MD
O Commen		ty or town of DE. Baltimore	ATH [1	(IF NOT IN SUCH FACILITY, 413 S. BE			(TYPE OF	JAL OCCUPATION WORK FOR MOST OF WO	ORKING LIFE) INDUS		USINESS OR
3	13a. S	AL RESIDENCE (IF NUR	136 COUN	THER INSTITUTION, GIVE RESID		1 13d. INSIDE CITY LIM	AITS? 13e STR	ET ADDRESS / 71	P CODE		
		Maryland	-	Bal	imore	YES X NO	□ 413	S. Benta	alou Stre	eet,	21223
0	14 FA	THER'S NAME FIRST Harry	W	C. W	right	15 MOTHER'S MAID  FIRST  Marie		MIDDLE C.	į.	vill:	is
dical		AS DECEASED EVER		MED FORCES? 16b SOC	TAL SECURITY NO.	17 INFORMANT		ADDRESS	2-1-1-9		
ae l	,,,	No			-14-1113	Jacquelin	ne G. Wr	ight, 413	S. Bent	calo	u Stree
÷,		18 CAUSE OF DEAT	H (Enter only	y ane cause per line far (	a), (b), and (c).)	00	015		BETY	PROXIMA WEENONS	TE INTERVAL
		PARTI. DEATH V		CAUSE (o)	ARDIF	-C AR	REST			1cm	melia
, ar ather traus		Conditions, if any gave rise to im cause (a), statuunderlying cause	mediate ng the last	DUE TO, OR AS A CO	ASCI	5	dise	Schemi	y o capell	<b>Y</b>	5-10 yr
Colu	NO	A	sale	te Mel	li Fus	Hype	reuse		ON GIVEN IN PAI	RI I(a	nh
huo Smoo	AL CERTIFICATION	190 DATE OF OPERA	TION	196. CONDITION FO	R WHICH OPERATION	N WAS PERFORMED	200 / YES		b. IF YES, WERE FI I CERTIFYING CAI YES []	USES OF	
9		710. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEAT	HOUR A.M. MO		21c. HOW INJURY (	OCCURRED (ENT	ER NATURE OF INJURY IN	ITEM 18 PART I OR PAR	₹1 2)	
	MEDICAL	21d INJURY OCCUR	HILE [	(AT HOME, STREET, FACTO		211 LOCATION STREET		CITY OR TOWN	COUN	ſΥ	STATE
n 21 is me		saw the deceas abave, (1) (we) (	ed alive on	ol) attended the decease 1/13/87 view the body after dea	19 0	nd that in (my) (our) o		curred an the date	and haur and fran		it (I) (we) last uses stated
T te		27% SIGNATURE	lace	ufach	DING MEDIC	MEDICAL STAFF DIRECTOR PHYSICIAN   2/20/8/7			8V7		
IMPORTANT		MAEE	MG	AUHAR		77e ADDRESS 5400 Old			e 105		
		URIAL CREMATION,	REMOVAL	23b. DATE		EMETERY OR CREMA		OCATION CITY OR TOWN	FOUNTY		STATE
-	24 5:	Buria INERAL DIRECTOR	al	2/23/87	Woodlar	vn Cemeter	/ _ 1	odlawn	Baltim		Md.
	AT FU	NAME			ADDRESS	21229	DATE REC D.	BY REGISTRAR 25b.	KEGISTRAR'S SIG	NATURE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN X MONTH YEAR DAY 2b HOUR (TYPE OR PRINT) ESTI-TO THE FUNERAL DIRECTOR.

1 PAGE 5 FOR YOUR FILES.

WITHIN 72 HOURS

S 201 V. PRESTON STREET, CARRIER 1987 WILLIAM WYANT DEATH MATED 19 4. RACE & AGE IN YEARS IF UNDER 1 YR 5 DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED 1938 MALE WHTTE AUG. 1987 10P M DEAD HO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED PENNSYLVANIA U.S.A. WIDOWED [ DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY OWNER OPERATOR TRUCKING Kev Medical Center Baltimore COLUMBIANA 13d INSIDE CITY LIMITS? COLUMBIANA PARK RD. 44408 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FRANK WYANT BERTHA McGAREY M. 160. WAS DECEASED EVER IN U.S. 7 INFORMANT ADDRESS 44408 ARMED FORCES? 16h SOCIAL SECURITY NO. 90-30-8712 KOREA ELIZABETH ANN WYANTCOLUMBIANA. OHIO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A HEALTH CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 1 NO [ 3 SHOULD BE L 8 21a EXTERNAL CAUSE WAS 716 TIME OF INITIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. II. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK THE X TO FUNERAL DIRECTOR;
AFTER DEATH, WITH THE S
BALLMORE, MARYLAND, 220 I certify that I took aparage of the remains described above, held on and in my opinion death resulted from Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 2-20-87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY BURTAL FEB. 23, 87COLUMBIANA COLUMBIANA, OHIO CEMETERY 250: DATE REC'D. BY REGISTRAR 716 REG STRANS SAGRATURE 24 FUNERAL DIRECTOR **DHMH** - 17 JOHNSON8521 LOCH RAVEN BLVD (VR A15 ME (5))

















FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG. NO.	0	4	ਹ	5	
- 4		_		-	_	-

REGISTRAR				CERTIF	ICATE OF DEATH	8	bea up	0 6	4 0	2	Take &
I. DECEASED NAME	FIRST		MIDDLE		LAST	2a DATE OF D	REG. NO.	H DAY	YEAR	26. HOU	R
(TYPE OR PRINT)	AGNES	d.	HERESA	,	YOUNG		2	24	87	3:30	AM
SEX		ACE	REMESA	5. DATE C		6 AGE (IN YEAR			DER I YEAR	# UNDER	_
				MONTI	H DAY YEAR			MONTH	HS DAYS	HOURS	MIN.
FEMALE		WHITE		8/2	28/18	-		YRS			
BIRTHPLACE (STATE OR COUNTRY)	FOREIGN 176 C	ITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE	CITY OR CO	UNITY OF	DEATH		
BALTIMORE		USA		WIDOW			timore	City			MD
O CITY OR TOWN OF DEA	ATH 11.		HOSPITAL, NURSIN THE FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OC	CUPATION OR MOST OF WORL		2b. KIND O NDUSTRY	FBUSINE	SSOR
BALTIMORE	X		Agnes			Homema					
SUAL RESIDENCE (# NUR.	ING HOME OF OTHE	RINSTITUTION	GIVE RESIDENCE BEFORE		1136, INSIDE CITY LIMITS?	13e.STREET AD	DDECC / 7ID	CODE			
MD	V.	more	Arbutus		YES NO W		30 High		St	212	27
FATHER'S NAME			11220000		15 MOTHER'S MAIDEN NA		10 111511	1 1460			
FIRST	MIDDI	l E	LAST	1	FIRST		MIDDLE		LAS		
Ellswort		FORCES?	Edward		Agnes Agnes		ADDRESS		M-	iller	
YES, NO OR UNKNOWN)	(IF YES, GIVE WAI										
NO			217-09-5	699	William C. Y	Young 55	30 Hig	hridg		21 MATE INTER	227
PART 2 OTHER SIG	VIFICANT CON	17	1	- 1 1	NOT RELATED TO THE TERM	AINAL DISEASE (	OR CONDITIO	N GIVEN II	N PART 110	2	
4 19g DATE OF OPERA	TION	19h COND		OPERATIO	N WAS PERFORMED	20g AUTOP	SV2 120h	IF YES, WE	DE EINDIN	ICS LISER	
19a DATE OF OPERA  2/23/ 21a. ACCIDENT WAS UN	177				Temp-Baille.			CERTIFYING	CAUSES		H?
21a. ACCIDENT WAS UN		216. TIME O		VEAD.	21t HOW INJURY OCCUR	RED (ENTERNATU	RE OF INJURY IN IT	EM 18 PART I	OR PART 2)		
OR CONTRIBUTING			M. MONTH DA M.	Y YEAR							
CIF EITHER NOTIFY MEDI		21e PLACE	OF INJURY		211 LOCATION						
WHILE NOT WE	THE	AT HOME STE	REET, FACTORY OFFICE, F	ARM ETC )	STREET		CITY OR TOWN		COUNTY	51	TATE
220 I certify that		attended th	e decensed from	2/	23 10 87	· In	2/201	10	87	that (I) (v	un) Ins
sow the deceas	ed alive on	2/3	24 19	72.0	nd that in (my) (our) opinion	death occurred	on the date or	nd hour one	,		,
above, (I) (we) (	did) (did not) vie	w the body	ofter deoth.		DEGREE		7 (2)		224 DATE	SIGNED	
1	7.	6/1	no		ATTENDING	MEDICAL	STAFF		2/2	Uln	
22d PHYSICIAN'S N	AME LIVE OF PRIN	NII . /	7 /-	_	PHYSICIAN [		PHYSICIAN (		- / -	110	
Chart			larson, M.	Ø	1001 Pize	Height	Par.	B. 16,	me	2/2	29
38. BURIAL, CREMATION,	REMOVAL 23	3b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	230 LOCAT					
(SPECHY) Crema	tion	2/24	/87   56	curit	y Process Cre				timor		IAIE
A FLINERAL DIRECTOR			100	24.2.	25a DAT	E DEC'D BY DEC	SISTEMPINE D	ECISTRAD	S SICNIAT	LIDE	-

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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STATE	OF M	ARYL	AND
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DEPARTMENT OF HEALTH AND CERTIFICATE OF

LAST

5. DATE OF BIRTH

WIDOWED

Feb. 13,

MARRIED | NEVER

13d INSIDE

15 MOTHER

17 INFORM

YES

YOUNG

NAME OF HOSPITAL NURSING HOME OR OTHER INS

M.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 311 Winston Avenue

Har CITY OR TOWN

Baltimore

McFarland

166 SOCIAL SECURITY NO

220-14-9311

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
	February 12, 1	987	~ ~
IRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
13, 1914	72 YRS.		NOONS MIN.
NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
X DIVORCED	Baltimore City	,	MD
OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LI Retired	FE) INDUSTRY	F BUSINESS OR
LINSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD 311 Winston A	ve. 212	12
MOTHER'S MAIDEN NA/	WIODIE	McGe	
INFORMANT	ADDRESS		HILLE.
James W. You	ung, 1534 Picke	tt Road	21093
oronde	2 culoud	BETWEEN	MATE INTERVAL DNSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE

BERNADETTE

4 RACE

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

MIDDLE

(IF YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0

136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove rise to immediate cause (a), stoting the

underlying cause last

White

U.S.A.

76 CITIZEN OF WHAT COUNTRY

DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	OR WHICH OPERATION WAS PERFORMED			206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH			
			YES 🗌	NO	YES 🗌	NO 🗆		
In. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURRED	(ENTER N.	ATURE OF INJUR	Y IN ITEM IS PART I OR PART	2)		

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY

211 LOCATION

AT HOME STREET, FACTORY, OFFICE FARM ETC ) NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased from

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

CITY OR TOWN

saw the deceased alive an Dec 200 above, (h (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE

22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

7600 Osler Drive Towson, Maryland 21204

Ben K. Yorkoff, M.D. 230 BURIAL, CREMATION, REMOVAL

23d LOCATION

COUNTY

STATE

STATE

Burial 2-16-87

23c NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

CITY OR TOWN Baltimore, Maryland 250 DATE REC'D. BY REGISTRAR 256 REST

24 FUNERAL DIRECTOR

FOR

REGISTRAR

Female

To BIRTHPLACE ISTATE OF FOREIGN

I CITY OR TOWN OF DEATH

Baltimore

DECEASED NAME (TYPE OR PRINT)

Maryland

Maryland 14 FATHER'S NAME

James

NO

130 STATE

CERTIFICATION

MEDICAL

Hem 18

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\*

MPORTANT

- STATE

3. SEX

page 3

by

filled puld b

puo oges

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

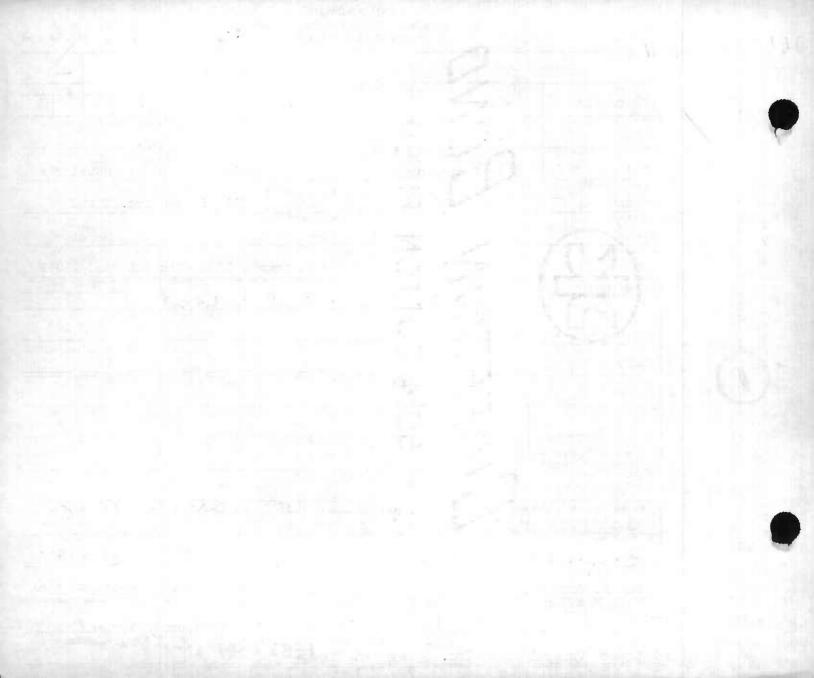
DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL DIRECTOR

BP

be detached e State Dept

Id b



mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death

injury, or other troumotic event, the

should be detached for use of the burnol-tronst permit Then places, entered components with the State Dept of Hoolih and Mendal Hygene prior to busing, cremotion, or removal IMPORTANT. If them 21 is marked or them 18 shows any injury an arithmet transmission and

TO FUNERAL DIRECTOR. After this certificate has

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 / REG. NO.	0	4	Ü	5	(
OF DEATH MONTH .	DAY	YEAR	2h	HOUR	-

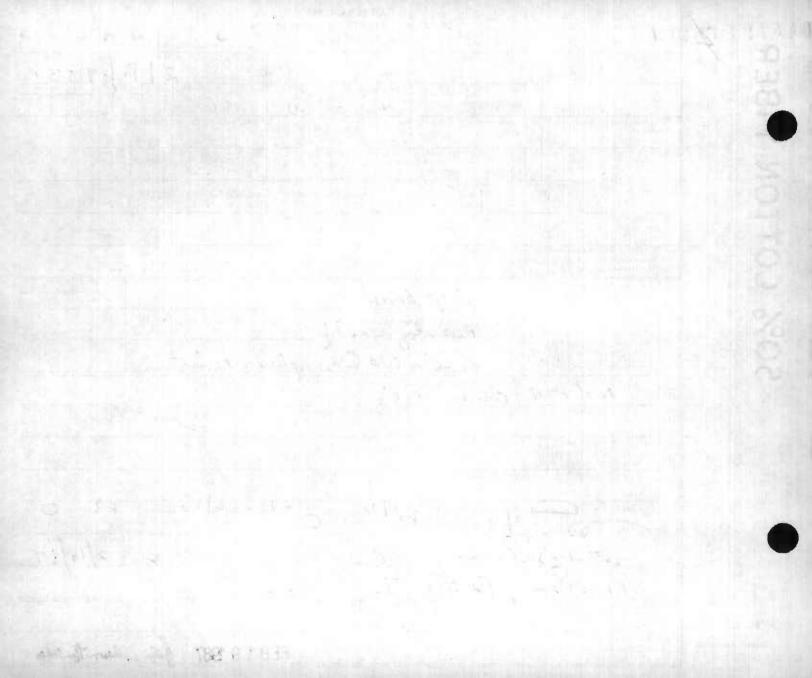
6	JI 7	REGISTRAR			CERTIF	ICATE OF	DEATH		REG. NO	<b>o</b> .	U.	4 6	) ~	, 0
		CEASED NAME FIRST		MIDDLE	(	AST		20 DATE O	FDEATH	HINOM	DAY	YEAR	2b HOU	R
	11176	DOROTI	YY		YOU	JNG				21	16	87	335	FM
	3. SE)		4 RACE		S. DATE C	F BIRTH		6 AGE (IN	YEARS LAST BIRT		IF INL	RIYEAR	IF UNDER	24 HRS
	F		В		MONTH 4	3 BAY	20	(	06	YRS	MONTHS	DAIS	HOURS	MIN,
1	≯a Bil	RTHPLACE STATE OF FOREIGN	16 CITIZEN OF	WHAT COUN			MADDIED T	9 BALTIMO	ORE CITY O	R COUNT	TY OF DE	ATH		
4	1	MD <sup>NTRY</sup> )	USA			MARRIED NEVER MARRIED WIDOWED DIVORCED BALTIMORE C						TTV MD.		
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^		HERMÂÑ	MIDDLE	DANKE			S MAIDEN NA/	WE	MIDDLE		0.0	A LIAST		
ار	- 1	TERMAN		BANKS		ANN					C	OCKR	AN	
		VAS DECEASED EVER IN U.S. AR	MED FORCES?		SECURITY NO.	17 INFORMA			ADDRE	-				
	T.	1000 OR UNKNOWN) (IF YES GIV		218073	313/	MARI	LYN YOU	NG 100	5 HAL	STEAL	D RD	. 21	234	
3		18 CAUSE OF DEATH Enter or PART I DEATH WAS CAUSE		line for on the	Arres	1			UHA		-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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		C Put II	DUE TO, O	R AS A CONS		1.1:1.1								
		Conditions, if ony, which gove rise to immediate	(6)_	regard	attry IN.	121401114	)							
è		couse to, stoting the underlying couse lost.	DUE TO, O	MASA CONS	AND CUL	1 (2)hi	minhe	v - h	Innia	to				
		PART 2. OTHER SIGNIFICANT (	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	SE OR CON	DITION G	IVENINI	PARTIO		
	20	KON HT	N Pers	WIOW	CVA'									
	CATI	198 DATE OF OPERATION	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED AN CERTIFYING CAUSES OF DEAT						
1	CERTIFICATION				-		YES 🗔	NOT	4	YES []	AUSES	OF DEAT		
2	CER	210 ACCIDENT WAS UNDERLYING	216. TIME C			21c HOW IN	JURY OCCURE	RED (ENTERN	ATURE OF INJUR	TY IN ITEM 18	PARL OR	PART 21		
7	AL	OR CONTRIBUTING CAUSE OF DEA			DAY YEAR	100								
	MEDICAL	214 INJURY OCCURRED	21e PLACE		17	211 LOCATI	NC							
	ME	WHILE NOT WHILE	EAT HOME STI	REET, FACTORY, OF	FICE, FARM, ETC.)	STREE			CITY OR TO	WN	CO	VINIA	5	TATE
Ħ		22a I certify that (1) this hospi	to ottended th	e deceased fr	om L		. 19 87	, to	2 16		. 19_	7.	hot (1-	we lost
		power of the Middle of	2/16	after death.	19_ <b>87</b> _, on	id that in (my)	Our opinion	deoth occurr	ed on the do	ate and ha	our and I	om the c	auses sta	oted
		Th SIGNATURE	NO	- PATTO		DEGREE	2.00				22	DATES	SIGNED	
		- active	hen	~	n		PHYSICIAN [	MEDICAL DIRECTOR	STAP PHYSIC		/	2/1	6/8	7
	- 1/	224 PHYSICIAN'S NAME (IT DE C	R PRINT)	2		22e ADDRES	SS						1	
		SHANAIDAI	V, F	PATFIC	KJ,	UN	ION MEM	ORTAL	HOSPI	TAL				
		URIAL, CREMATION, REMOVAL			23c NAME OF C	EMETERY OR		23d LOC		MAL.	COUN	Ty		TATE
	B	BURTAL	2/19/8	37	MT. CAI	LVARY			E ARU	NDEL	20014			MD
	24 FL	INERAL DIRECTOR		1000			25a DATI	E REC'D. BY	REGISTRAR	256. REG15	STRAR'S	IGNATI	JRE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MARCH FUNERAL HOME 1101 E. NORTH AVE.

Julia Dividion.



## mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death moy be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

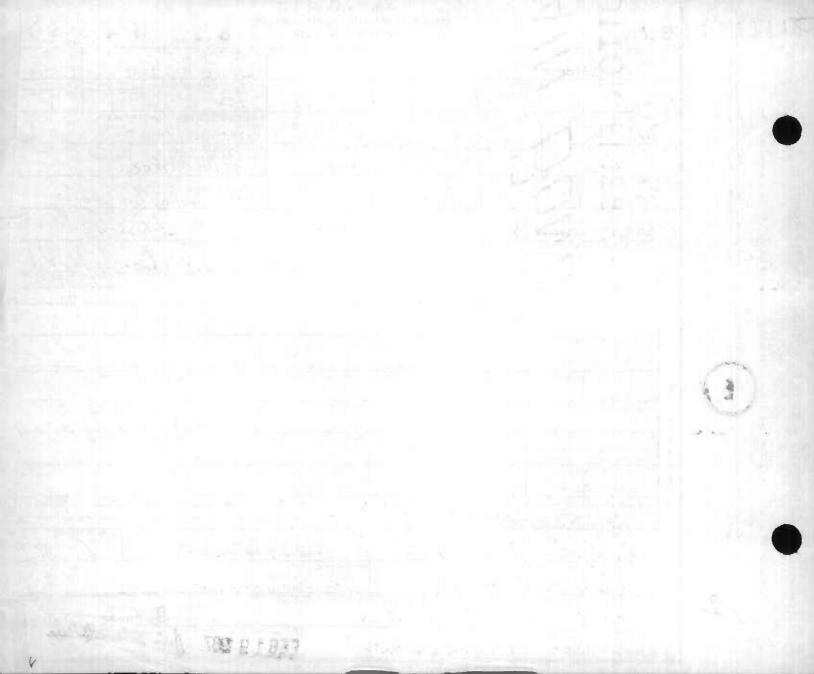
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

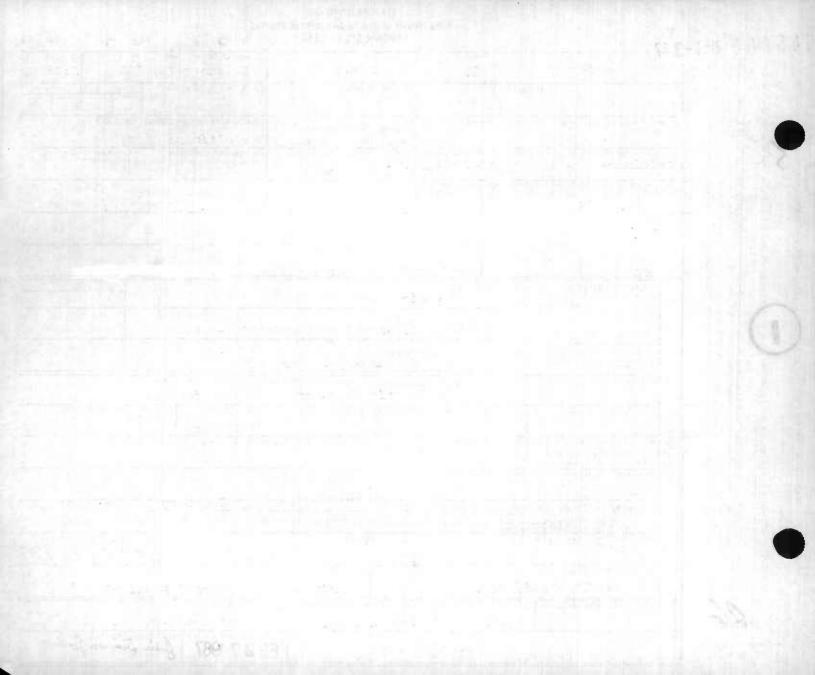
ŀ	1 DEC	EASED NAME FIRST	MIDDLE	-	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
1		OR PRINT)	A .			M. DAIL OF BLAIN	MONTH DA	T CAR	28 HOUR
1		Hilda	Vi	Young		February 1	1, 1987		7:50 PM
I	3. SEX	4	RACE	5. DATE C		6 AGE IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
ı	FL	mase	Col.	MONTH	2 /1ª	75	YRS	HS DAYS	HOURS MIN.
	78 BIF		CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	E	3016, Md	054	WIDOWE	DIVORCED [	Baltimore	City		MD.
7	10 CF	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE:		PROTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF	ON 1:	2b. KIND O	OF BUSINESS OR
		Baltimore	Maryland Ger	neral Ho	spital	Homen	MKER	4DOSTRI	
	13a. S	AL RESIDENCE HE NURSING HOME OR OT			136 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	247	17
4	14 54	THER'S NAME	1013	910	YES NO S	20 1 NAN	ing in	700	76-
'n	0		DDLE LASI		EHE	WIDDLE	Chas	Soy LAS	51
7		VAS DECEASED EVER IN U.S. ARME		SECURITY NO.	17 INFORMANT	ADDRE	SS A	0	101
	IA	(ES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES) 220 -	14-3811	-Lucille Ceph	AS 331	4 00r	ches	tenkd
1		18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b	oi, and (ci.)				BETWEEN	ONSET AND DEATH
1		PART I. DEATH WAS CAUSED	CAUSE (o) ESOPha	ageal Ca.	rcinoma			Unkn	own
1									
1		Conditions, if ony, which	DUE TO, OR AS A CONS	EOUENCE OF					
1		gove rise to immediate	(p)						
1		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF					
-1			(c)						
1	7	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing</u>	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	N PART 10	0
	CERTIFICATION								4-
ı	CA	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
4	TIF					YES NO NO	YES [		NO 🗌
1	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAD	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	TY IN ITEM 18 PART 1	OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR					
١	MEDICAL	116 INJURY OCCURRED	21e. PLACE OF INJURY	19	211 LOCATION				-
-	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
1		AT WORK AT WORK						0.77	
		220 I certify that XI) (this hospital				to _Februa:	ry 11,19-		that (we) lost
		naw the deceased ofive on	New the bady after death.	.19_8./ or	nd that in (XX(our) opinion o	deoth occurred on the do	te ond hour one	d from the	couses stated
1		27h SIGNATURE	7/ ~	24 .0	DEGREE			220 DATE	SIGNED
		Mideller	Hoden 11	1/5	ATTENDING PHYSICIAN	MEDICAL STAF		Ali	11/98)
1		THE PHYSICIAN WHAME ITTE CHE	PINIT /		??e ADDRESS			100	1,102
9		CHIPK TOPHE	Al 450AH	, ,	/- 1/	7 0		100	
+	23c D	JURIAL, CREMATION, REMOVAL	23b. DATE	23, NAME OF C	L C/O Marylar EMETERY OR CREMATORY	nd General 1	Mospital		
		SPECIFY)	2/14/07	M.Z.		CITY OR TOWN	U II	YINU	STATE
		Burial	1/1/8/	1.11. TIC			ON HIM	-	HILL.
	24 FL	JNERAL DIRECTOR	ADDS	RESS.	-	E REC'D. BY REG <u>i</u> strar	b. REGISARA	SIGN	URITAL
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2222-26 VI North Ave

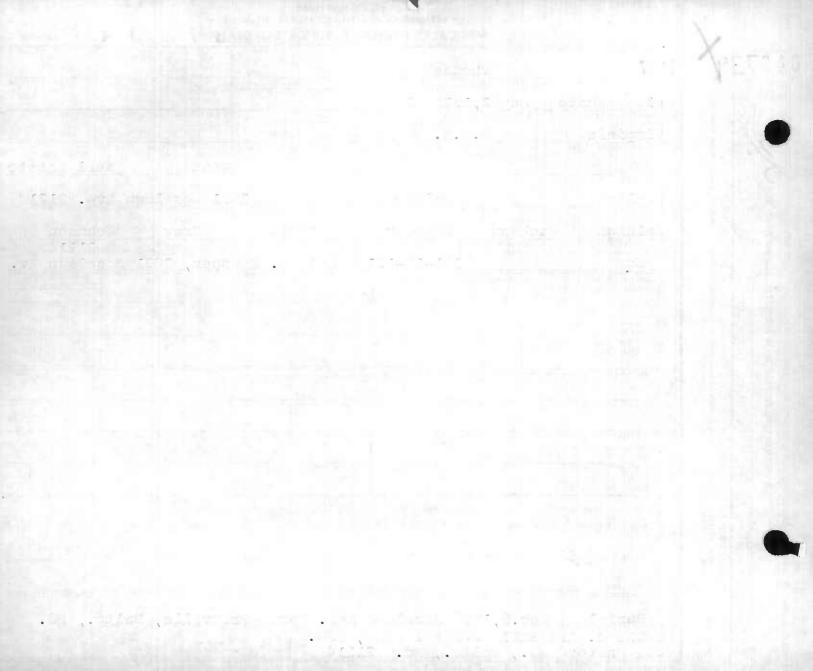
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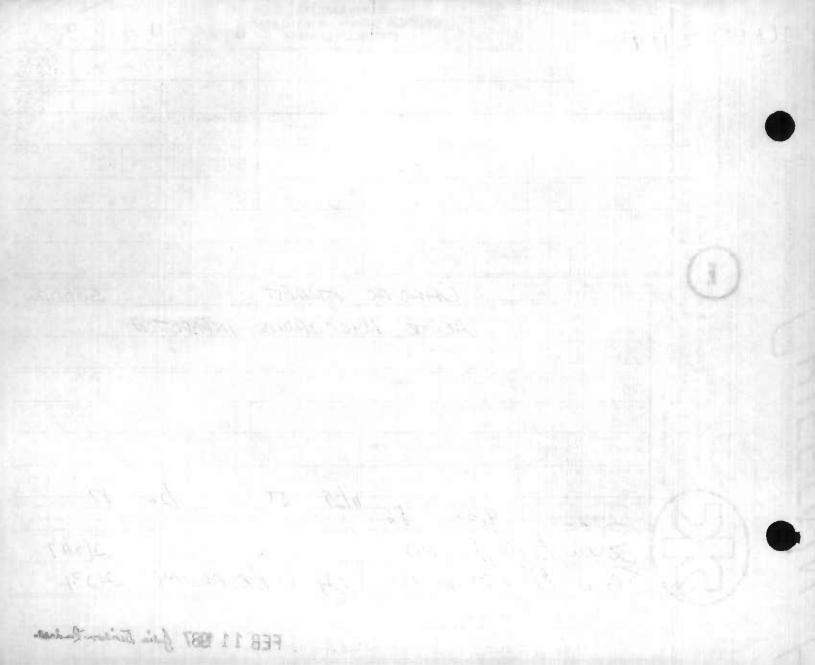




STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN John Thomas DEATH MATED 2 19 87 Younger 4. RACE & AGE IN YEARS IF UNDER 1 YR. IE UNDER 24 HRS 2c. DATE 24 HOUR LAST BIRTHDAY) PRONOUNCED 1:10F White May 2,1923 Male 63 TE BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED L DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore 2831 Roselawn Avenue Real Estate Agent 13b. COUNTY 13d INSIDE CITY LIMITS? 130 STREET ADDRESS Maryland Baltimore 2831 Roselawn Ave. 21214 YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jackson Raleigh Mattie Younger Grav Johnson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 21214 (YES, NO, OR UNKNOWN) 231-12-1516 No Ruth M. Younger, 2831 Roselawn Av. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X YES 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a I certify that I taak charge of the remains described above, held an Autapsv Undetermined manner EXECUTE THE CERTII PAGE 4 SHOULD B TO FUNERAL DIREC AFTER DEATH, WITI BALTIIMORE, MARY TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 2/6/87 SIGNATURE EXAMINER'S NAME William M. Zane, M.D. lll Penn St. Balto.MD. 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Feb. 9, 1987 Moreland Mem. Park Parkville, Balto.,
C'D. BY REGISTRAR | 25b REGISTRAR'S SIGNATURE Burial 07/84 ROBERT C. ALTENBURG DE JUNE RAL HOME, INC. 250 DATE REC'D. BY REGISTRAR DHMH - 17 FEB (VR A15 ME (5)) 6009 Harford Rd., Balto., Md. 21214



194 FEB	1.	FOR # 23b,23c & 2 FOR STATE REGISTRAR	ra	DEPARTMENT	OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE / REG. NO.	4 8 6 9
		CEASED NAME FIRST	MIDDLE	1 0.1.	LAST	26 DATE OF DEATH MONTH	DAY YEAR 25. HOUR
er death	(1177)	IWAN		ZI	MKO	1	27 87 2:00 M
P	3. SE.	(	4 RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD'AY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Male	White		MONTH DAY YEAR	61 YRS	MONTHS DATS HOURS MIN.
Ger )		RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8.	ARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
100		Ukraine	U.S.		OWED DIVORCED	Balto. City	MD
20	10. €	TY OR TOWN OF DEATH  Balto.	(IF NOT IN SUCH FACILITY		ME OR OTHER INSTITUTION S)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Preparer	128 KIND OF BUSINESS OR INDUSTRY FOOD
must be		AL RESIDENCE IF NURSING HOME TATE 136 CO	OUNTY 13c CIT	DENCE BEFORE ADMIS	136 INSIDE CITY LIMITS?	130 STREET ADDRESS 410 Drew St.	21224
Zie V	14. F/	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N.	AME	LAST
$\gamma$	160 \	VAS DECEASED EVER IN U.S. VES, NO OR UNKNOWN] UNKN.	GIVE WAR OR DATES	0-30-048		ADDRESS	
late control of the c		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DIATE CAUSE (a)  DUE TO, OR AS A (b)  DUE TO, OR AS A (c)	APD ( ) CONSEQUENCE CONSEQUENCE	OF MENCARDIA	x INFARCTION	
it permit Then place prior to burn	CERTIFICATION	PART 2. OTHER SIGNIFICA	196 CONDITION FO	OR WHICH OPER	ATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
riol-tronsit	1	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M. MI		EAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
h and Me	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME STREET, FACT		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Healt		saw the deceased alive	ospital) attended the decea e an 930 d nat) view the body after de	19 16	ond that in (my) (our) apinion	death accurred on the date and ha	19, that (I) (we) last ur and from the causes stated
detoched ote Dept. VT: If Item		Stee /	5 Kaplan	MO	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	221. DAJE SIGNED
should be d		JRU (N	YBO OR PRINT) KAPLAD	N MD	129 S	BRO ADWAY	21231
533	236	SURIAL, CREMATION, REMO SPECIFY) Removal	235. PATE 2/14 1-27-87	10.	OF CEMETERY OR CREMATORY lawn Cemetery	236. LOCATION CUTY OR TOWN Eastwood	Baltimore Co.
16 50M 4/82 A 15, 4)	24 F	INERAL DIRECTOR NAME Anato	my Board	ADDRESS	Balto., Md.	BET 1 1987 Julies	M. Street Charles



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DHMH - 16 60M 7/8

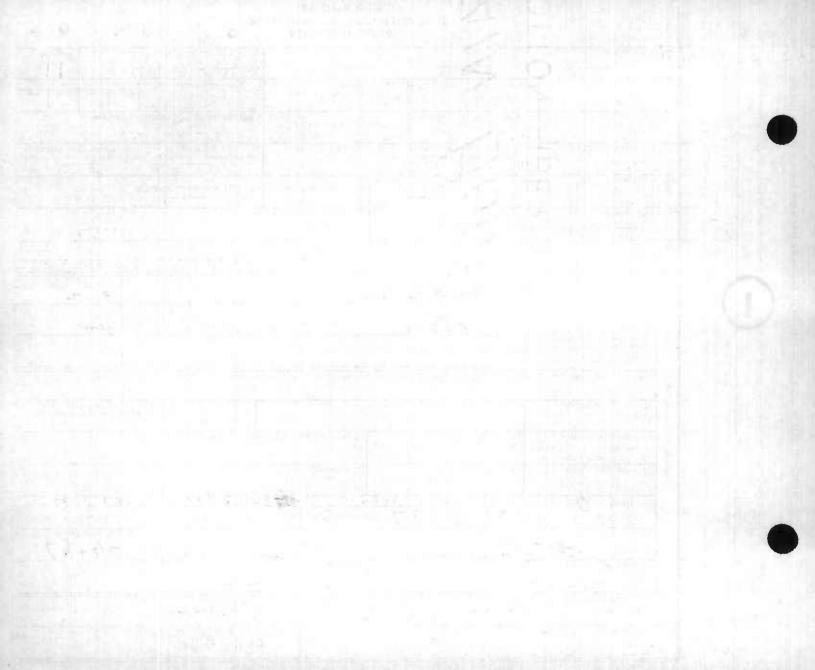
(VRA 15, 4)

3331 Brehms Lane, Balto. Md. 21213

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENE 8 / REG. N	0	48	6 2
27	I DEC	CEASED NAME FIRST OR PRINT)		MIDOLE CHARD		ZELLER	20 DATE OF DEATH	MONTH DAT	Y YEAR 26	HOUR
	3. SEX	ARTHUR	4. RACE	-CHAID	S. DATE O		FEBRUARY 2	The same of the sa	UNDER 1 YEAR IF	UNDER 24 HRS
9		MALE	WHITE		MONITO		69	YRS		DURS MIN.
4	₹a. BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED X	BALTIMO			MD
	10. CT	BALTIMORE	11. NAME OF (IF NOT IN SUC		ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (1YPE OF WORK FOR MOST O	OF WORKING LIFE)	12b. KIND OF BINDUSTRY	USINESS OR
Z.	13a S	MD.			E ADMISSION)	13d INSIDE CITY LIMITS? YES NO [	13e STREET ADDRESS 3705 BFT A	ZIP CODE	21213	
0	I4 FA	THER'S NAME FIRST  VALENTINE	PAUL	ZELLER		15. MOTHER'S MAIDEN NAME FIRST IRENE	WE		HURLEY	
		VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (IF YE	. ARMED FORCES? s, GIVE WAR OR DATES)	214-01-9		17 INFORMANT  CLARENCE ZEI	ADDR		6 DUDLE	21213 Y AVE.
	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  120b. IF YES, V								SUSED
1	RTIFIC	210. ACCIDENT WAS UNDERLYING					YES NO NEW YES NO WEST IF YES NO WEST NO WES NO WES NO WEST NO			
7		OR CONTRIBUTING CAUSE O	F DEATH HOUR A.	M. MONTH DA	AY YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	TORPART2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC ]	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		220. I certify that (1) (this h saw the deceased allow above (1) (we) (did) (dr 22b. SIGNATURE	aspital) attended the on 1/5 and view the body	e deceased from		nd that in (aur) apinian of	death accurred an the d	. 19 ate and have a		
						ATTENIONIO	MEDICAL STA	rr	/	1
		224 PHYSICIAN'S NAME I	ORGE LOWE			ATTENDING PHYSICIAN LIZE ADDRESS 3703 BELL	DIRECTOR   PHYSIC	CIAN	2/27/	47



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO TI DECEASED NAME 20 DATE KNOWN A MONTH 25 HOUR TTYPE OR PRINTS OF ESTI-Barbara 1), 2, AND 3 TO THE FUNERAL DIRECTOR.
3M. 3. RETAIN PAGE 5 FOR YOUR FILES.
M. 3. SEFULID BE FILED, WITHIN 72 HOURS.
M. 10. LECORDS, TO W. PRESTON STREET. Patricia Ziegler 26 19 87 4 RACE AGE LINYEARS IF UNDER TYR. IF UNDER 24 HRS 5. DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 5:15P DEAD 26 1987 40 46 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Md WIDOWED DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore 107 Albemarle Street Unemployed 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13ª STREET ADDRESS Md. Balto. YES S Ablemarle St. 21202 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jesse Smith L. Florence Williams ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I HE YES, GIVE WAR OR DATES! 214 64 0703 Mrs/ Florence Smith 1109 Calhoun no CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUF TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21e EXTERNAL CAUSE WAS 21b. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY JATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC 1 STREET WHILE AT WORK CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE DOW TO FUNERAL DIRECTION IN AFIER DEATH, WITH THEST BALTIMORE, MARYLAND X 220 I certify that I taok charge of the remains described above, held on Inspection Natural couses X Accident death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL DATE 2/27/87 MDAssistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 penn St. Balto.MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 3/2/87 Arbutus Baltimore Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** James A. Morton & Sons 1701 Laurens St. MAR O (VR AT5 ME (5))

STATE OF MARYLAND

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FOR

REGISTRAR

24-FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4) - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

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				STATI	OF MARYLAND				
45349 FEB 20	17	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYG ICATE OF DEATH	IENE B REG. NO	o. 0	4 0	5 5
		CEASED NAME FIRST	WIDDIE	l.	Zittle	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
may be page 3 er death	TITPE		Baby Boy	21	TLE		1 6	86	17:32M
may.	3. SE		4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Poge 4 mar director, po hours after e.		MALE	White	MONTH	6 F7		YRS	NIHS DATS	1 30
Pog dire	<b>≱</b> 6. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8		9. BALTIMORE CITY O		FDEATH	1 30
deoth.	· ·	COUNTRY	U.S.A.	WIDOWE	DI NEVER MARRIED XX	Balt	imore	City	MD.
	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME C		12a USUAL OCCUPATE	ON		F BUSINESS OR
by the filed with	B	ALTO.			tupina	N/A	. WORKING [IFE]	N/A	
De oc	UsU	AL RESIDENCE (IF NURSING TATE		E BEFORE ADMISSIONS	7	13e.STREET ADDRESS	ZID CODE		
ND 24 h	+3u. 5	Maryland		timore	YES X NO T	2267 Ti		ve 21	.054
YLA Ithin ine	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME			
A 1 11/121	0	Michael	MIDDLE LA	t.le	FIRST Susan	MIDDLE E J	lsie	Work	ittel
ST., BALTIMORE, MARYLAND and the control of the con		VAS DECEASED EVER IN U.S. A		L SECURITY NO.	17. INFORMANT	ADDRE	SS		
OW ( NE) 17 Z	. (	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	/ A.	Michael Lit	ttle San	ne as #	13	
A 11/4		18 CAUSE OF DEATH (Enter o			TITCHAET III	LIE OG	10 40 11		MATE INTERVAL
fic. B		PART I. DEATH WAS CAUS	ED BY		ETA215 - 1	EN - IMMUNI	-		MOURS
N SI		IMMEDIA							
death death of tian, or tian, or		Conditions, if any, which	DUE TO, OR AS A CON		UCMONART T	FYPODLAJIA		0	BUN
W. PRESTON or the death act y the attendin te remove corf cremation, or the traumatic		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CON		ACP COVERED			7777	
	8	underlying couse lost.	DUE TO, OK AS A CON	ISEQUENCE OF					
201 ned b plear unol,		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1:0	,
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Do ny north	1 E	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED
he lo on. hos r per	CERTIFICATION					YES NO	YES	NG CAUSES	NO [
ON OF VITAL  TYSICIANs, The ding physicion is certificate h buriol-transit  Mental Hygie	H.	210. ACCIDENT WAS UNDERLYING	LIGHT A 14 MONTE	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	EY IN ITEM TO PAR	TIORPART 2)	
SICIA ng ph certificient iniol-tr	A	OR CONTRIBUTING CAUSE OF DE	CAITT	19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	Office Capacity (15)	211. LOCATION	CITY OR TO	WN	COUNTY	STATE
IVISIG PH offen ther the sthe of the road of the offen the sthe offen the sthe offen the offen t	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY,	OFFICE, FARM EIC )	JIRLET				
or or see of the see o		220 I certify that M (this hosp		fromf	16 , 19 17		. 19	£7.	that M (we) lost
TTEN pritol TOR for u		sow the deceased alive a	no // 6 not) view the body ofter death.	19 17,01	nd that in (my) (our) opinion	death occurred on the do	ate and hour o	ind from the	couses stated
hos hos hed her them		226. SIGNATURE			DEGREE			22c. DATE	SIGNED
the O Herock		Stewn H. (8	One Daya	/	Y . D . ATTENDING PHYSICIAN [	MEDICAL STAF		1/	7/22
SPIT.	1	224 PHYSICIAN'S NAME (THE	OR PRINT)		22e ADDRESS			/	
TO HOSPITAL TO FUNERAL Should be deto with the Store (		Steven H.	PEARCHAN		ST, AGNEI	Marpin	900 \$	CATO	N AVE.
0 % O & 3 X	23a. I	BURIAL, CREMATION, REMOVA	23b. BAJE 9/87	131 NAME OF C	EMETERY OF CREMATORY	23d. LOCATION	9	COLATE	STATE
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